

**Austin Opera Travel Program
Visit to The Glimmerglass Festival
August 22-26, 2018
Registration Form due by January 15, 2018**

Name(s): _____

Email(s): _____

Address: _____

Phone: _____ Cell: _____

\$ 3,950 per person with shared occupancy \$4,750 with single occupancy

Contact Jacqueline Sale or Christos Thrappas at Act 1 Tours 646.918.7401

or email: finetravel@act1tours.com for added hotel nights, room upgrades and trip insurance

Deposit: \$1950 p/p due with registration Balance due by June 15, 2018

Payment: _____ Deposit only (non-refundable) _____ Pay in full

_____ Check enclosed _____ Credit Card: MC Visa Amex Expiry Date ____ / ____ Code _____

CC#: _____ Name on card: _____

Cancellation Insurance: Act 1 Tours recommends trip cancellation insurance coverage

_____ I am/we are interested in obtaining insurance, contact me/us with rates and details

Dates of birth: Traveler 1 _____ Traveler 2 _____

_____ I/we decline cancellation insurance

I have read and accept the attached Trip Registration, Liability Release and Cancellation Terms.

Signature _____ Date _____

Traveler 1

Signature _____ Date _____

Traveler 2

**Please return your completed form by mail to:
Act 1 Tours, P.O. Box 1137, New York, NY 10159 or fax to: 646.478.9740
or email to: finetravel@act1tours.com**

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Trip Registration, Liability Release & Cancellation Terms

Please read the following carefully as these are the terms and conditions associated with your travel program.

Registration Process

Complete the enclosed registration form, with signatures from each of the travelers, and mail with a check payable to Act 1 Tours or credit card authorization to the address on the Registration Form. **In addition, complete and return the attached**

Personal Information Form. Please fill this out for Emergency contacts and personal dietary or physical health needs. On receipt of the completed forms with deposit(s) you will be sent a confirmation letter from Act 1 Tours. The balance is due by June 15, 2018 and you will be notified in good time with a Statement of Account.

Trip Cancellation/Interruption and Medical Insurance

Trip Cancellation/Interruption and Medical Insurance is strongly recommended and coverage by AIG Travel Guard is available at competitive rates through Act 1 Tours. A pre-existing medical condition waiver is included with some policies if purchased within 15 days of paying the initial deposit.

Acknowledgement of Risk and Release from Liability

As part of the reservation form each traveler is required to acknowledge, by signature, the following statement:

"During the trip in which I will participate, certain risks and dangers may arise. These include, but are not limited to, acts of God, the hazards of traveling under unsafe conditions by boat, automobile, train, ship, aircraft or other means, the forces of nature and accident or illness in locations without ready access to medical treatment, transportation or means of rapid evacuation. Act 1 Tours shall not be responsible for any injuries, damages or losses caused to me in connection with any of the above, nor as a result of terrorist action, social or labor unrest, mechanical or construction failures, fires, diseases, local laws, climatic conditions or any actions, omissions or conditions outside the control of Act 1 Tours. In consideration of the right to participate in the travel program and as part of the payment for the services arranged for me by Act 1 Tours, I do expressly agree to forever release, discharge, and hold harmless Act 1 Tours and its agents, employees, officers, directors, associates, affiliates and subcontractors against any and all liability, actions, debts, suits, claims, and demands of any kind which may hereafter arise out of, or in connection with the travel program arranged for me by Act 1 Tours. This shall serve as a complete release and express assumption of risk for myself, my heirs, assignees, administrators, executors, and all members of my family. I have read and fully understand the provisions and the legal consequences of this release and assumption of risk, and I hereby agree to all its conditions. I further agree that any legal dispute involving these travel services shall be heard only in the courts of the State of Delaware."

Act 1 Tours' Responsibilities

Act 1 Tours is responsible for providing the services offered in the descriptive material for each travel program. While information is, to the best of Act 1 Tours' knowledge, accurate at the time of publication, it is recognized that changes beyond Act 1 Tours' control do occur and the right is reserved to implement those changes that will preserve the overall quality of the travel program. The portion of the travel program that a client elects not to participate in is non-refundable. Act 1 Tours does not manage or control the various suppliers (e.g. hotels, restaurants, ground transportation, theaters, museums, etc.) that form part of the travel program but, should any part of the program not be provided to a reasonable standard, Act 1 Tours will compensate the traveler accordingly on receipt of a written notification within 25 days, but the compensation may not exceed 50% of the value of the program.

Traveler's Responsibilities

The traveler is responsible for following the registration process outlined. At the time of submitting a registration form you are confirming your acceptance of all the terms and conditions included in this statement.

Cancellation

Should it be necessary to cancel after the initial deposit(s) has(have) been processed, the deposits are non-refundable. After full payment is received by June 15, 2018 the total tour is non-refundable, unless the place(s) is (are) taken over by other members of the Austin Opera group. Any cancellation notice should be in writing, by mail, fax or email.

PERSONAL INFORMATION FORM

Tour name:

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____ Fax: _____

Emergency contact person (not traveling) Name, address, telephone number and email:

Special hotel accommodation needs: _____

Have you ever participated in group travel before? _____

Please rate your mobility by circling one: Excellent Fair Slow

Do you find stairs difficult? Yes / No _____

Food allergies/dietary restrictions: _____

Insurance (Health/Accident):

Please provide name of carrier, policy number and 24-hour emergency telephone number:

For International Tours only:

Traveler 1. Name on Passport: _____

Passport Number: _____ Date of Birth (mm/dd/yy): _____

Date & Place of Passport Issue: _____

Nationality: _____ Expiry Date (mm/dd/yy): _____

Traveler 2. Name on Passport: _____

Passport Number: _____ Date of Birth (mm/dd/yy): _____

Date & Place of Passport Issue: _____

Nationality: _____ Expiry Date (mm/dd/yy): _____

This information is confidential and will be held by the tour host.