

SLOVAKIA HERITAGE TOURS 2019 (September 6-15, 2019)
PARTICIPANT APPLICATION

Name _____ Male ___ Female ___
(As it appears on passport)

Preferred name _____ Traveling: alone ___ with _____

Address: _____

Telephone _____ Cell _____ Email _____

DOB _____ Passport # _____ Expiration date _____

Emergency contact: _____ Tel# _____

Relationship _____ Email _____

Special Medical Conditions and Accommodations: _____

Allergies: _____ Special dietary needs: _____

Room Accommodations:

- ____ 1) I will be sharing a room with _____.
- ____ 2) I am willing to share a room with another tour participant.
- ____ 3) I prefer a single room and will pay the \$549 single room supplement.

In planning for group and additional activities for our trip we'd like to know more about your special interests and preferences: (Please write more if you would like and attach.)

- 1) Why are you visiting Slovakia? _____
- 2) Are you of Slovak origin? _____ From where? _____ When? _____
- 3) Do you plan to connect with family or native village in Slovakia through our optional excursions? If yes, where? _____
- 4) Do you speak Slovak ___ Czech ___ Polish ___? A little ___ Fluently ___
- 5) Would you like to schedule a trip extension to: (Please indicate # of days.)
Prague ___ Krakow ___ Budapest ___ Vienna ___ Other? _____
- 6) Would you like us to help research your family genealogy? _____

Continued... See other side >>

SPECIAL INTEREST SURVEY CONTINUES:

7) In order to help us better personalize the tour; please rate your interest in the following activities. Give each the score of:

3 – High Interest or 2- Interest or 0- No interest

Shopping _____ Concerts/Music _____ Museums _____

Historic Sites/Castles _____ Art/Crafts _____ Caves _____

Outdoor Activities _____ Food/Cooking _____ Genealogy _____

Walking/Exploring _____ Slovak Language Lessons _____

Evening programs on history, Slovakia today, film _____

Please comment on what you would like to see and do on the tour:

8) Do you have any special talents or interests that you will be bringing to the tour? (For example: musical talent/instruments; knowledge of Slovak history; or skills in photography, technology, art/craft work.)

9) Please indicate your preferred level of physical activity:

Moderate walking _____ Hiking/ More strenuous walking _____

Prefer little or no walking _____ Limited, need assistance on tours _____

10) Do you have any physical or medical limitations that we will need to plan for?

11) _____
What field do you work in? (or did you work in if you are retired?)

QUESTIONS? Contact Judy at Slovakia Heritage Tours:

www.slovakiaheritage.com

slovakiaheritagetours@gmail.com

(978)-544-5144

Continued... See RELEASE FORM on next page >>

SLOVAKIA HERITAGE TOURS 2019
PARTICIPANT RELEASE AND AGREEMENT

As a condition of participating in a **2019 Slovakia Heritage Tour**, I, the undersigned, agree to be bound by the following:

- (1) I agree to release Slovakia Heritage Tours, Connections Work, and Judith Northup-Bennett from any claims, demands, liabilities or causes of action arising out of, or connected to, any personal injury, claim of negligence, illness, loss, theft, delay, death, property damage or additional expense incurred or suffered while participating in the **September 6-15, 2019** Slovakia Heritage Tour, and its extension tours.
- (2) I recognize the right of Slovakia Heritage Tours and Judith Northup-Bennett to make changes to itineraries, travel arrangements, hotels, excursions, and other arrangements made necessary for the safety, comfort or convenience of tour participants, or by schedule changes beyond their control. Such changes are not ground for refund or cancellation. Slovakia Heritage Tours also reserves the right to remove a participant from the tour who is a threat to the safety and enjoyment of the rest of the tour participants, without refund and at the participant's expense.
- (3) If I lose my passport, airline tickets or other documents, luggage and other personal belongings, I accept that Slovakia Heritage Tours, Connections Work and Judith Northup-Bennett are not responsible for any inconvenience or expense resulting from the same.
- (4) I accept any liability for any damage I might cause or any financial obligations I may incur while participating on a Slovakia Heritage Tour, and I accept all risks associated with activities that are not part of a Slovakia Heritage Tour's supervised activities.
- (5) If I become ill or incapacitated, Slovakia Heritage Tours and Judith Northup-Bennett have my express authority, acting as my agent in my best interests, to take actions necessary to insure my safety and well-being, including securing medical treatment and transporting me home at my own expense. I fully release the group leader(s), Slovakia Heritage Tours and Connections Work from any liability for such actions taken on my behalf.
- (6) I agree that any photos or videos taken of me while on the tour, as well as any comments and statements, can be used in future Slovakia Heritage Tours promotions/materials without further approval or monetary compensation.
- (7) I am responsible for obtaining and carrying a current passport (good for 6 months after my trip return date), and other visas if necessary. The absence of these documents is not grounds for a refund.
- 8) This agreement is a full and complete recitation of understanding not subject to any contemporaneous agreement unless the same is in writing and signed by authorized persons. This agreement will be governed by the laws of the State of Massachusetts, and the parties agree to resolve any and all disputes connected to the **2019 Slovakia Heritage Tour** and its extension tours through binding arbitration in the State of Massachusetts, each side to bear its own attorney's fees and costs.

Program Participant's Printed Name _____

Signature _____ Date _____