

Reservation Process, Liability Release & Responsibilities

Please read the following carefully as these are the terms and conditions associated with your travel program. Contracts are made with Act 1 Tours LLC (Act 1 Tours), a limited liability company formed under the laws of the State of Delaware. On receipt of a completed reservation form Act 1 Tours will issue a written confirmation letter and the contract will be completed and binding.

Reservation Process

Complete the enclosed reservation form, with signatures from each of the travelers, and mail with a deposit check or credit card authorization to:

Act 1 Tours
PO Box 1137, New York, NY 10159-1137.

On receipt of the completed form and deposit you will receive a confirmation letter and request for further personal information. The latter should be completed and sent back by mail or fax within 14 days of receipt. The balance due will be notified to you in good time by a Statement of Account and is payable on the date indicated in the confirmation letter. Should the payment not be received by the due date, Act 1 Tours reserves the right to cancel the reservation and apply charges equivalent to 50% of the program price. No later than 2 weeks before departure, a detailed itinerary, trip notes and a list of participants will be supplied to you.

Trip Cancellation/Interruption and Medical Insurance

is strongly recommended and coverage by 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. No guarantees can be provided for the seating and specific cast members initially advertised in the descriptive material with regard to performing arts events. The portion of the travel program that a client elects not to participate in is non-refundable.

Every effort will be made to confirm a travel program but, should numbers not be reached to ensure viability, the right is reserved to cancel, in which case there would be a full refund of deposits paid. Notification would be a minimum of 6 weeks before departure and Act 1 Tours can not be held liable for compensating the traveler for any non-refundable air reservations that may have been made. If travel is rendered not possible or advisable due to U.S. State Department Travel Advisory, Act 1 Tours will refund that portion of monies that have not been irrevocably committed to the travel program but will be under no further liability in such cases.

Act 1 Tours does not manage or control the various suppliers (e.g. airlines, 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, but the compensation may not exceed 25% of the value of the program.

Client Responsibilities

The client is responsible for following the reservation process outlined above and providing the necessary personal information. While trip insurance is not mandatory, it is strongly advised, and the client is required to advise Act 1 Tours of the choice that has been made.

Due to the nature of the programs and the inclusion of active sightseeing, etc., Act 1 Tours regrets that participation is restricted to those able to walk, climb stairs and keep pace with the group. Act 1 Tours reserves the right to exclude anyone who has failed to disclose a condition that would be a disqualification.

Should there be dissatisfaction with any aspect of the program, this should be submitted in writing no later than 28 days following the end of the travel program.

At the time of submitting a reservation form you are confirming your acceptance of all the terms and conditions included in this statement of Reservation Process, Liability Release & Responsibilities. By this action you are voluntarily assuming all risks associated with the travel program.

Cancellation

The following statement may be superseded by the Reservation and Payment schedule listed on some tour itineraries. See payment terms on each itinerary. Should it be necessary to cancel after the initial deposit has been processed and before 90 days in advance of the departure date, there will be an administration charge of \$500 to cover registration costs. Between 60 and 89 days, the charge will be the full amount of the deposit and, under 60 days, the total cost is non-refundable. Any cancellation notice should be in writing, either by mail, fax or email.

Reservation Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____ Fax: _____

Please complete or use check mark as appropriate.

Name of tour: _____

Double occupancy one bed two beds

I would like a single occupancy room

I am sharing with _____
who is reserving separately.

Trip Insurance: please check box(es).

I/We wish Act 1 Tours to arrange trip cancellation insurance. Date(s) of birth are required. Act 1 will contact you with rates and policy information.

DOB Traveler 1: ___/___/___ DOB Traveler 2: ___/___/___

I/We will arrange my own trip cancellation insurance.

I/We will not be taking out trip cancellation insurance.

Payment

Deposit per person \$ _____

Personal check (Payable to Act 1 Tours)

Visa

MC

Amex

Name on card _____

#: _____

Exp: ___/___ 3 or 4 digit security code: _____

Billing address if different from above:

Amount authorized: \$ _____

Cardholder Signature:

Mail this completed form to

Act 1 Tours | P.O. Box 1137 | New York, NY 10159-1137 or fax to **646.478.9740**.

For further information call **888.224.9829** or email **finetravel@act1tours.com**.

Notes (Extra nights/hotel room upgrade/airport private transfer/other requests): _____

I/We have read and accept the attached Reservation Process, Liability Release and Responsibilities statement.

Signature Traveler 1

Date

Signature Traveler 2

Date

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.