

# KOSHER EXPEDITIONS TOUR REGISTRATION FORMS

To Register: Please complete the registration form below. Please list all family members traveling together. Please complete and attach additional registration forms with payment information. All forms and payment must be received by Kosher Expeditions.

Tour Name: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Total number of people in your party: \_\_\_\_\_ Total number of rooms: \_\_\_\_\_

*Passenger 1 - Please Print*

Participant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Participant Telephone (day) \_\_\_\_\_

(night) \_\_\_\_\_ (mobile) \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Passport information** (for international travel and participants not of US origin)

Name (as shown on Passport): \_\_\_\_\_

Passport number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date & city of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Additional members traveling with  
\_\_\_\_\_  
\_\_\_\_\_

**Special requests** ( Dietary requests, connecting rooms, cot, crib, high chair, etc. Subject to hotel rental fee. Use back of form if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Please provide an assessment of your health and physical conditions, or limitations. *\*Some of our programs are more active in nature than others. Kosher Expeditions has the right to decline an application if we deem a participants unfit or unable to participate in the activities for a specific program.*  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations:** Please specify you bed sleeping preference per room (2 beds , 1 bed (share), no preference \* Please note bed preference is based on availability.  
\_\_\_\_\_  
\_\_\_\_\_

**Single Travelers:** \* Please note if you would like us to try and match you with a roommate and one is not available the single supplement rate will apply.

- I would like accommodations at the single supplement rate
- I would like to be assigned a roommate of the same gender.

Emergency contact & contact number: \_\_\_\_\_  
\_\_\_\_\_

*Passenger 2 - Please Print*

Participant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Participant Telephone (day) \_\_\_\_\_

(night) \_\_\_\_\_ (mobile) \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Passport information** (for international travel and participants not of US origin)

Name (as shown on Passport): \_\_\_\_\_

Passport number: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date & city of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Additional members traveling with  
\_\_\_\_\_  
\_\_\_\_\_

**Special requests** ( Dietary requests, connecting rooms, cot, crib, high chair, etc. Subject to hotel rental fee. Use back of form if necessary)  
\_\_\_\_\_  
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Please provide an assessment of your health and physical conditions, or limitations. *\*Some of our programs are more active in nature than others. Kosher Expeditions has the right to decline an application if we deem a participants unfit or unable to participate in the activities for a specific program.*  
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**Accommodations:** Please specify you bed sleeping preference per room (2 beds , 1 bed (share), no preference \* Please note bed preference is based on availability.  
\_\_\_\_\_  
\_\_\_\_\_

**Single Travelers:** \* Please note if you would like us to try and match you with a roommate and one is not available the single supplement rate will apply.

- I would like accommodations at the single supplement rate
- I would like to be assigned a roommate of the same gender.

Emergency contact & contact number: \_\_\_\_\_  
\_\_\_\_\_

**K O S H E R   E X P E D I T I O N S**  
**P A Y M E N T   F O R M**

- Initial deposit of \$400 per person must be received in order to reserve your space.
- Final payment is due 90 days prior to departure in order to confirm participation. Tour reservation is subject to cancellation if final payment is not received 90 days prior to departure.
- All program sign-up within 90 days prior to departure must be paid in full in order to reserve your space.
- We encourage all participants to take out trip cancellation (insurance form can be mailed, faxed or downloaded from our web site at [www.kosherexpeditions.com](http://www.kosherexpeditions.com)).
- Upon receipt of deposit and or payment a final invoice will be e-mailed, faxed or mailed.
- Sign-up within 30 days of program must be made by bank check or money order.
- For payment details, cancellation and term and conditions please see attached forms.

A minimum number of participants are required to operate tour dates which are available for individual registration. If a minimum numbers of participants have not been reach 30 days prior to your tour departure, that tour will be cancelled and you will receive a full refund of all payments made to Expeditions Travel Group Inc (ETG). ETG is not responsible for any additional payments made outside of ETG in conjunction with your tour (airfare, insurance etc...). **Custom and individual group travel is confirmed once all deposits have been received.**

**For your protection we have set in place the following procedures:**

1. All deposits will be kept on file and not deposited by ETG until your tour has reached the minimum number of paying participants needed for the program to operate. Once the tour minimum has been reached, you will be contacted by an ETG representative to inform you that your tour will operate and with your permission we will run your deposit at that time. At this time you will also have the option to decline your reservation on your tour without penalty with a full deposit refund. Once your tour departure has been confirmed and you accept your place on your tour and deposit is made, you will be bound to the payment and cancellation terms and conditions stated on page 3 of your registration application.

2. Airfare: If purchasing non-refundable air tickets for your tour departure, we recommend you wait to purchase these tickets until your tour departure has been confirmed. ETG is not responsible for any cost associated with air travel and costs associated with the cancellation of a scheduled tour departure.

**Please complete this form and mail or fax mail it with your deposit to:**

Fax: 770-234-5170  
Kosher Expeditions  
3821 Crestview Rd Suite 3  
Los Angeles, CA 90232

Please check one:

Enclosed is my check for \$ \_\_\_\_\_

Please make checks payable to Kosher Expeditions. \*Please note there is a \$50 service charge for returned checks.

Credit card payments: Please charge \$ \_\_\_\_\_ to my:

(circle one) MasterCard    Visa    Amex    Card # \_\_\_\_\_

Expiration Date (month / year) \_\_\_\_\_ / \_\_\_\_\_    Issued to (Name): \_\_\_\_\_

Mailing address credit card is billed to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_

Email (for receipt): \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

(By signing here you agree to payment of the above credit card and the above stated amount. You agree to all conditions described in the Kosher Expeditions (ETG) registration, general Information, and limitations of liability registration forms, and your cardholder's terms and conditions.

**KOSHER EXPEDITIONS  
ROOMING LIST**

**Room 1: (number of guests)** \_\_\_\_\_

Guest 1: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 2: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 3 Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 4 Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Room 2: (number of guests)** \_\_\_\_\_

Guest 1: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 2: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 3: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 4: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Room 3: (number of guests)** \_\_\_\_\_

Guest 1: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 2: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 3: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 4: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Room 4: (number of guests)** \_\_\_\_\_

Guest 1: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 2: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 3: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 4: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Room 5: (number of guests)** \_\_\_\_\_

Guest 1: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 2: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 3: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guest 4: Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please print out additional copies if booking additional rooms**

**Fax completed forms to 770-234-5170 — For information call 800-923-2645 or 310-237-0122**

**KOSHER EXPEDITIONS  
REGISTRATION, TERMS & CONDITIONS**

**Payment Schedule:** A deposit of \$400 per participant plus a non-refundable application fee for the optional premium for the Travel Protection Insurance Plan must be submitted together with the application form. (We encourage all participants to take out trip cancellation and interruption (insurance. A form can be mailed or faxed upon request or downloaded from our web site (see attached Travelite insurance forms for description of policy and benefits or visit our web site at [www.koshrexpeditions](http://www.koshrexpeditions) for details). Please make checks payable to Kosher Expeditions. Upon receipt of your registration form you will receive a final invoice with your balance due. The remaining balance is due 90 days prior to departure. We encourage all participants to take out trip cancellation and interruption (insurance form can be mailed or faxed upon request or downloaded from our web site). Upon receipt deposit and or payment a final invoice will be mailed. Sign-up within 30 days of program must be made by bank check or money order.

**Cancellations:** Any cancellations must be submitted IN WRITING to this office. For cancellations made more than 90 days prior to departure, a fee of \$200 plus the cost of the insurance fee will be retained. Between 89 and 61 days prior to departure a fee of \$500 plus the cost of insurance will be retained. Between 61 and 46 days prior to departure a fee of 50% of the cost will be retained. Within 45 days of departure – no refund. If participants airfare has been ticketed through Kosher Expeditions, tickets are non refundable. Any cancellations will be subject to the cancellation fees above plus any extra costs associated with the cost of airfare. If Kosher Expeditions should cancel a tour due to insufficient sign-up all funds submitted by the participant to Kosher Expeditions will be reimbursed to the participant. Kosher Expeditions is not liable for any other costs outside of the amount of the tour costs submitted to Kosher Expeditions associated with the planning of the participants trip including airfare, additional hotel stays, etc.

**Travel Insurance:** Kosher Expeditions strongly recommends that all participants take out insurance coverage for trip cancellation, trip interruption, accident and medical insurance. Kosher Expeditions provides a comprehensive travel protection plan administrated by Travelex Insurance Services. Please call for details (insurance form can be mailed or faxed upon request or downloaded from our web site at [www.koshrexpeditions.com](http://www.koshrexpeditions.com)).

**Medical Declaration:** All participants must be fit to travel and are not traveling contrary to medical advise. All pre-existing medical conditions, which may require treatment during the tour must be declared. All travelers must have ample medical insurance to cover any costs associated with pre-existing conditions or medical assistance that may be required during travel. All medical costs are the responsibility of the participants.

**Disclosure:** Please note many of Kosher Expeditions travel programs takes place in exotic and adventurous destinations through out the world. Due to the remote location and pristine environment that surrounds us in many of these destination (which is what makes our programs so unique), certain amenities and comforts that may be available to guests in more populated or urban areas may not be available here. We asks guest to take this into consideration when choosing a Kosher Expeditions travel program. Kosher Expeditions has 12 years of experience running kosher travel programs and is committed to giving you an exceptional and truly enjoyable vacation. Please speak to one of our travel experts to go over the program details to make sure that this program is truly the right one for you.

**Final Instructions:** Kosher Expeditions travel kit including travel times, hotel telephone numbers, what to bring etc., will be available via web site or mailed to each participant approximately three weeks prior to departure.

**Please:** Contact Kosher Expeditions office at 800-923-2645 if further information is required.

*By signing this document I hereby agree to all terms and conditions described in the above general information and release of liability concerning payment / fee schedule, cancellations and refunds and limitation of liability; plus Travelex terms and conditions (if purchasing optional Trip Cancellation & Interruption Insurance). By declining the optional Trip Cancellation & Interruption Insurance I understand that I am responsible for any and all costs associated with delay, interruption or cancellation of my trip as stated in the general information and release of liability concerning payment / fee schedule, cancellations and refunds and limitation of liability.*

*All participants 18 years of age and over must sign below in order to be confirmed on and participate in the tour program. Parents signature will cover children participants under the age of 18. You may photo-copy this form if additional signatures are required.*

1. Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_
2. Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_
3. Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_
4. Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**KOSHER EXPEDITIONS**  
**GENERAL INFORMATION & LIMITATION OF LIABILITY & ASSUMPTION OF RISK**

**Guest Responsibility:**

Trip members have the responsibility to select a trip appropriate for their abilities and interests. Trip members are held responsible for being in sufficient good health to undertake the trip. Trip members are responsible for preparing for the trip by studying the itinerary and pre-departure information packets sent by Kosher Expeditions (Expeditions Travel Group—ETG) and for bringing the appropriate clothing and equipment as advised therein. ETG reserves the right to accept, refuse, or decline service to any guest before or during a trip.

**Changes to the Itinerary:** Kosher Expeditions reserves the right to alter the itinerary and make route, lodging and activity modifications before or during a trip. Itineraries are planned up to a year in advance and unforeseen conditions may necessitate changes.

**IMPORTANT TRAVEL INFORMATION & LIMITATION OF LIABILITY:**

These paragraphs (together with the Release of Liability below) define our responsibility with respect to all our trips. PLEASE READ THIS CAREFULLY. Payment of your deposit represents your acceptance of the following terms and conditions:

Kosher Expeditions / Expeditions Travel Group Inc. (ETG) gives notice that services provided in connection with its itineraries, including transportation, hotel accommodations, restaurants, and other services are purchased from various independent suppliers who are not affiliated with ETG in any way. Although it endeavors to choose the best suppliers available, ETG has no right to control their operations and therefore makes these travel arrangements upon the express condition that ETG and its own agents and employees, shall not be liable for any delay, mishap, inconvenience, expense, irregularity, bodily injury or death to person, or damage to property occasioned through the conduct or default of any company or individual engaged in providing these services. Each of these passengers conveyance companies, tour companies, hotels, restaurants, etc., is subject to the laws of the state or country where the service is provided.

ETG shall not be liable for: (a) expenses such as additional hotel nights and meals not specified in the individual trip itineraries which may be required either en route/prior to/ or following a trip, when caused by individual clients' travel arrangements, by airline scheduling or airline schedule changes, canceled flights, missed flight connections, or by other factors not under ETG's control... (b) expenses incurred in recovering luggage lost by airlines, belongings left behind on a trip, or in shipping purchases or other goods home from abroad and (c) bodily injury or property damage, for any reason including but not limited to acts of God, weather, quarantines, regulations, terrorism, war or failure of conveyance to arrive or depart as scheduled, etc. over which it has no control.

ETG reserves the right to take photographic or film records of any of our trips, and may use any such records for promotional and/or commercial purposes.

ETG reserves the right to decline to accept or to retain from further participation any person it judges to be incapable of meeting the rigors and requirements of participating in the activities, or any person whose actions or deportment impede trip operation or the rights, welfare or enjoyment of other trip members. A refund based on cost of unused land services is the limit of ETG responsibility in such a case.

**Trip Members Responsibility:** Trip members are held responsible for being in sufficient good health to undertake the trip. Trip members are responsible for preparing for the trip by studying the itinerary and pre-departure information packets sent by ETG and for bringing the appropriate clothing and equipment as advised therein.

**Limitation of Liability & Assumption of Risk**

These Paragraphs (together with the release of liability section of the application form) define our responsibility with respect to all of our trips. PLEASE READ IT CAREFULLY. Payment of your deposit represents your acceptance of the following terms and conditions:

By signing the Release of Liability Waiver in your Registration Form I, acknowledge that I have voluntarily applied to participate on the ETG trip (or to a trip which I may subsequently transfer to). I am voluntarily participating on the tour or expedition with knowledge that travel to the foreign countries and/or remote areas visited by this trip involves numerous risks and dangers including, but not limited to: (1) the forces of nature; (2) civil unrest; (3) terrorism; (4) roads, trails, hotels, vehicles, boats or other means of conveyance which are not operated nor maintained to standards common in the United States; (5) high altitude; (6) accident or illness without access to means of rapid evacuation or availability of medical supplies; (7) the adequacy of medical attention once provided; (8) physical exertion for which I am not prepared; (9) consumption of alcoholic beverages; (10) negligence (but not the willful or fraudulent conduct) on the part of ETG, or others; or (11) the wild animals I may be exposed to. I acknowledge that the enjoyment and excitement of adventure travel is derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work and that these inherent risks contribute to such enjoyment and excitement, being a reason for my voluntary participation.

**I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE, AND ACCEPT ANY AND ALL RISKS OF DELAY UNANTICIPATED EVENTS, ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH.**

**RELEASE:** I acknowledge that the cost of ETG trips have been based upon trip participants executing this Release of Liability and Assumption of All Risks. Therefore, as lawful consideration for being permitted to participate on such trip(s), I hereby RELEASE AND DISCHARGE ETG AND ITS AGENTS AND EMPLOYEES FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION IN THE TOUR OR EXPEDITION. I agree this release shall be legally binding upon myself, all minors under the age of 18 traveling with me, my heirs, successors, assigns, and legal representatives; it being my intention to fully assume all the risk of travel and to release ETG from any and all liabilities to the maximum extent permitted by law.

I understand that all applications are subject to acceptance by ETG and upon acceptance shall be deemed to have been entered into and to be performed at Atlanta, Georgia. In the unlikely event a legal dispute should arise involving any subject matter whatsoever, I agree that the following conditions will apply: (a) the dispute shall be settled by binding arbitration through the American Arbitration Association at Atlanta, Georgia; (b) the dispute will be governed by Georgia law; and (c) the maximum amount of recovery to which I will be entitled under any and all circumstances will be the land cost of my trip with ETG.

**KNOWING AND VOLUNTARY EXECUTION:** I have carefully read and fully understand the contents and legal ramifications of this agreement as well as the conditions as stated under the heading "Terms and Conditions", especially noting those regarding cancellation and refund policies, limitation of liability and responsibility borne by trip participants. I understand this is a legally binding and enforceable contract and sign it of my own free will. (If participant is under 18 years of age, parent or legal guardian must fill out and sign registration form.

**KOSHER EXPEDITIONS  
TRAVEL PROTECTION PLAN WAIVER FORM**

EXPEDITION TRAVEL GROUP INC. STRONGLY RECOMMENDS THAT I PURCHASE ON BEHALF OF MYSELF AND MY PARTY A TRAVEL PROTECTION PLAN OF INSURANCE SERVICES INCLUDING:

- Accidental death and disability
- Emergency medical evacuation
- Sickness and medical expense
- Trip cancelation/interruption
- Trip cost default protection
- Travel accident
- Baggage & personal effects/lost luggage
- Flight insurance
- Trip delay
- Major Medical

To purchase travel insurance or to view our travel insurance options please click on the guest protection plan listed on the top right-hand corner of the Kosher Expeditions website or ask for an insurance application to be mailed. Clients may also purchase insurance on their own from the company of their choice.

I DECLINE TO DO SO.

I AGREE THAT EXPEDITION TRAVEL GROUP, Inc. SHALL NOT BE LIABLE FOR AND I EXPRESSLY WAIVE AND RELEASE EXPEDITION TRAVEL GROUP, INC, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS, FROM ANY DIRECT, INDIRECT, INCIDENTAL CONSEQUENTIAL, SPECIAL, PUNITIVE, OR EXEMPLARY DAMAGES OR LOSSES, WHETHER IN CONTRACT, TORT OR OTHERWISE.

I UNDERSTAND THAT FINAL DOCUMENTS WILL NOT BE RELEASED UNTIL PURCHASE OF INSURANCE OR RECEIPT OF SIGNED TRAVEL PROTECTION WAIVER FORM.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Travel Basic Highlights:**

Primary coverage, Children under 18 covered at no additional cost, 5 hour trip delay , 3 hour missed cruise connection from flight delay, 12 hour baggage delay, \$100 flight reissue fee, Trip cancellation including bankruptcy / financial default coverage, Trip interruption including return air, excluding unused land and sea arrangements, Non-operator side excursion coverage, Post departure coverage, Ex-spouse included in family member definition, Full line of travel assistance & concierge services, Available to book 12 months in advance. Please note subject to change in coverage and all detailed coverage is available on the Guest Protection Application Insurance.

Please Note: THESE SAMPLE PROVISIONS ARE FOR YOUR GUIDANCE ONLY AND DO NOT CONSTITUTE LEGAL ADVICE.