

Seattle Chamber Music Society  
Patron Visit to Minneapolis  
April 25-29, 2019

Name(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

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

\_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**\$ 3,650 per person, including \$400 remit to Seattle Chamber Music Society  
Contact Act 1 Tours 646.918.7401 for extra hotel nights and upgrades**

**Deposit of \$1,000 per person at Registration ( non-refundable).  
Balance by February 25, 2019**

**Payment to Act 1 Tours:**

\_\_\_\_\_ Check enclosed \_\_\_\_\_ Credit Card: MC Visa Amex Expiry Date: \_\_\_\_\_ Sec Code \_\_\_\_\_

CC#: \_\_\_\_\_ Name on card: \_\_\_\_\_

**Cancellation Insurance: Act 1 Tours strongly recommends trip cancellation insurance**

\_\_\_\_\_ 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, email or fax to:**

**Act 1 Tours, P.O. Box 1137, New York, NY 10159  
email: finetravel@act1tours.com fax: 646.478.9740**

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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 and Personal Information forms, 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. On receipt of the completed forms and deposit you will receive an acknowledgement from Act 1 Tours.

**Trip Cancellation/Interruption and Medical Insurance**

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. 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 between deposit date and February 25, 2019, \$1,000 per person is non-refundable. After February 25, 2019 the total amount is non-refundable unless the place(s) is (are) taken over by additional members of the Seattle Chamber Music Society group. Any cancellation notice should be in writing, by mail, fax or email.