

NEW HORIZON TOURS
 P.O. Box 1292, Thousand Oaks, CA 91358 (800) 350-7544 (805) 499-7544
AGREEMENT and RELEASE FORM

TOUR PROS, INC. d.b.a. NEW HORIZON TOURS, hereinafter referred to as New Horizon Tours, welcomes you and your child to our tour program. It is necessary that New Horizon Tours have an understanding with you and your child regarding New Horizon Tours' responsibility in the event of accident, illness or misbehavior to or on the part of any participant on this tour. We therefore ask you to read and agree to the following terms and conditions.

RESPONSIBILITIES

All participants are required to have a signed & Release form on file with the New Horizon Tours office prior to departure of any trip. New Horizon Tours acts as an agent for the owners and contractors providing means of transportation, lodging, exhibit entry, meals, and/or campsite location. All transportation, meal costs, and admission fees to any of prescribed tour destinations are based on those rates effective September 1, 2006. New Horizon Tours reserves the right to adjust the price of any tour based upon a subsequent rate increase to New Horizon Tours.

FINANCIAL POLICIES

These financial policies apply in addition to specific policies outlined on the promotional flyer for your particular tour:

1. A non-refundable deposit or full payment must be included with each trip reservation slip in order to reserve a tour space.
2. The non-refundable payment/deposit (as indicated on the promotional-registration flyer supplied by tour sponsor) is required for all tours (optional low-cost tour cancellation insurance is available in separate insurance brochure secured from tour sponsor).
3. Balance is due 60 days prior to departure of trip or reservation space may be canceled (15% late fee will be charged for late payments).
4. There is refund less deposit **unless terms & conditions on promotional flyer state otherwise** with written notice of intent to cancel received by New Horizon Tours office 60 or more days in advance of tour departure **unless terms & conditions on promotional flyer state otherwise.**
5. If less than 60 days notice of intent to cancel is given to New Horizon Tours, there will be no refund of fees paid unless a direct replacement for the canceling participant can be secured by the canceling participant him or herself.
6. **It is the express responsibility of each individual tour participant to secure replacement in the event of need to cancel and for any fees associated with change.**

CANCELLATION POLICIES

If, for any reason or circumstance beyond the control of New Horizon Tours, it becomes necessary to cancel a trip prior to tour departure or during the trip itself then only unused fees will be refunded. Financial commitments and payments are made weeks and months prior to a trip; therefore, certain fees are used and not refundable to New Horizon Tours. These fees are in the form of transportation, lodging reservations, and office services. Refunds, if available to New Horizon Tours from any of its associate purveyors, will be passed on to each participant as based upon a prorated amount of those fees that are refundable to New Horizon Tours. Refunds will be made to individual tour participants in 30 days after notice of trip cancellation. Airline tickets may be transferable for a fee but are NOT REFUNDABLE.

TRAVEL INSURANCE

It is **strongly recommended** that each participant take advantage of the **low cost travel insurance protection**. The following optional insurance coverage's, are offered through an INDEPENDENT INSURANCE COMPANY and, are available to each tour participant:

- * Medical for Accident and Sickness**
- * TRIP CANCELLATION AND TRIP INTERRUPTION**
- * Baggage and Personal Possessions**
- * Flight Insurance**

A separate travel insurance brochure is available through the New Horizon Tours office or your group sponsor.

REGISTRATION (please print)

PARTICIPANT'S NAME _____ AGE _____ BIRTHDATE _____ M _____ F _____
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE () _____ - _____ BUS. PHONE () _____ - _____ OTHER PHONE () _____ - _____ E-
 MAIL _____ GROUP/SCHOOL /AFFILIATION _____
 FAMILY DOCTOR _____ PHONE () _____ - _____
 PARTICIPANT'S MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS WHICH WE SHOULD BE AWARE: _____

 HAVE YOU ANY ALLERGIES? _____
 MEDICAL COVERAGE: NAME OF COMPANY _____ GROUP/POLICY NO. _____
 INDIVIDUAL TO BE CONTACTED IN THE EVENT THAT THE PARENT OR GUARDIAN CANNOT BE REACHED:
 NAME _____ RELATION _____ PHONE () _____ - _____

PLEASE TURN PAGE OVER / READ ALL TERMS / SIGN & DATE