

TOUR TO IRELAND REGISTRATION AND RELEASE

To register for the tour, complete and sign this Tour Registration/Release Form and return it with your deposit (\$300.00 per passenger) in the form of a check to The Friends of Irish Studies in the West. Full payment of the tour fee is due by May 31.

Passenger #1:

Name of Passenger #1: _____

Date of Birth: _____

Passport Number: _____

Name and date of birth must match passport

Country of Origin: _____

Street Address: _____

City: _____

State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact/

Relationship: _____

Primary Physician

Name/Tel. _____

Passenger #2:

Name of Passenger #2: _____

Date of Birth: _____

Passport Number: _____

Name and date of birth must match passport

Country of Origin: _____

Street Address: _____

City: _____

State/Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact/

Relationship: _____ Primary Physician

Name/Tel. _____

Room:

Type of Room: Twin Provide name of Roomate: _____

Double

Enclosed is my deposit of \$ _____.

This request for registration is made subject to the terms and conditions of the Agreement to Release and Indemnify included in this document. Please read this entire document carefully. All registrants must sign this release. Your registration can not be confirmed until your deposit is received and this agreement is signed.

AGREEMENT TO RELEASE AND INDEMNIFY

Each of the Undersigned registrants request to participate in the FISW Tour to Ireland. Therefore, to the extent permitted by applicable law, each registrant knowingly and voluntarily waives, releases, saves, holds harmless and indemnifies The Friends of Irish Studies in the West ("FISW"), P.O. Box 4693, Missoula, MT 59806, its agents, servants, employees, shareholders, officers, directors, attorneys and contractors, past, present and future, and its respective heirs, legal and personal representatives, successor and assigns (collectively "Released Parties"), and all of its respective properties, assets and interests ("Released Property") from any and all claims, actions, causes of action, demands, rights, damages, costs losses, liabilities, expenses, compensation, controversies, disputes, obligations, debts, dues and liens whatsoever, on account of, or in any way arising out of, any and all known

and unknown, foreseen or unforeseen loss of life or personal injury, loss or damage to property, and the consequence thereof, directly or indirectly, resulting from, incident to, in connection with, or arising out of that registrant's participation in the tour(s) (collectively, "Claims"). It is my/our intention that this agreement to release and indemnify shall apply to all of the claims without limit and, to the fullest extent permitted by applicable law, regardless of whether founded, in whole or in part, on any negligent act or omission of any of the released parties. I/we understand and agree that The Friends of Irish Studies in the West LLC has no liability for my personal medical expenses and/or medical care. I/we certify that I/we am in good health and physical condition and do not have any physical disability, medical condition or other limiting factor that would create a hazardous situation for myself/us or other passengers. Further, I/we understand that certain risks are inherent in the activities to be undertaken by me/us, including snorkeling, swimming, hiking, climbing ruins, boat travel, surface transportation, travel to remote locations, contact with wildlife or hazardous plants, and that inclement weather and unavailability of first aid or emergency medical treatment as well as other unknown or unanticipated risks may occur such as war or terrorism, and I/we accept full responsibility for such specified inherent risks and those not specifically identified. I have read, understand, and accept FISW's deposit, cancellation and refund policies and terms and conditions as described in the tour itinerary and accompanying documents. I/we have read and understand this Agreement to Release and Indemnify, which contains the entire and final agreement relating to the subject matter hereof. Its terms shall be binding on me/us and on my/our heirs, legal representatives and assigns. Liability under this Agreement to Release and Indemnify shall be joint and several. If any provision of this Agreement to Release and Indemnify is determined to be void, unenforceable, ineffective or against public policy, that provision shall be disregarded and deemed removed from this Agreement to Release and Indemnify and shall not affect the remaining provisions of this Agreement to Release and Indemnify. I/we understand that tour prices for both land and air can vary due to supplier charges, currency fluctuations, park fees, and other increased costs and that the cost of this tour is subject to change to reflect such variations. I/we have been advised of obtaining insurance coverage for trip cancellation, medical assistance, and baggage loss. I/we understand and accept all terms and conditions and the undersigned=s signature below is evidence of this acknowledgement. The receipt of this signed form and your tour deposit shall be deemed to be consent to the above conditions. This agreement to release and indemnify shall be governed by and construed under the laws of the state of Montana. Venue for enforcement of this release and indemnity agreement shall be in Missoula County, Montana. This request for registration is made subject to the terms and conditions of the Agreement to Release and Indemnify included in this document. Please read this entire document carefully. All registrants must sign this release. Registration cannot be confirmed until your deposit is received and this agreement is signed. Registration and/or attendance imply agreement with the terms and conditions of the Agreement to Release and Indemnify included in this document.

I have read, understand, and agree to all of the terms and conditions of the Agreement to Release and Indemnify included in this document:

TOUR TO IRELAND REGISTRATION AND RELEASE

Passenger #1

_____ Date: _____ Signature

Printed Name

Passenger #2

_____ Date: _____

Signature

Printed Name

