

Irish Byways, LLC Traveler Application Form and Agreement

<http://irishbyways.com/>

Welcome to Irish Byways Tours!

Please complete and return this Traveler Application Form and Agreement to:

Irish Byways LLC
889 Grand Avenue
St Paul, MN 55105

Please keep a copy of your completed form for your own records.

Questions: info@irishbyways.com or 612-616-3782

PERSONAL TRAVELER INFORMATION (please print)

Name: _____ Birth Date: _____

Home Address: _____

Mailing Address (if different): _____

Email: _____

Phone: _____ OR: _____

EMERGENCY CONTACTS

Name and relationship, address, email, and phone number of two – three family members/friends who may serve as an emergency contact for you. Please alert these individuals to be attentive to phone and email messages from you while in Ireland.

1 _____

2 _____

3 _____

TRAVELER FITNESS

All travelers must be in good health and enjoy an average or above average level of fitness. While walking is occasionally of moderate difficulty on some uneven and rocky terrain, pauses for interpretation allow for rest and enjoyment of scenes and photography along the way. Please note the hiking description on our website for each tour.

() Please initial here that you have read our online website tour hiking description and with your physician’s approval are fit to participate in this tour.

How much do you walk each week (approximate distance, length of time and terrain).

How often do you hike on trails (once a week, once a year)

Please describe any concerns or limitations with balance or becoming out-of-breath.

What is the length of time you can sustain a comfortable walk on more rugged terrain?

Describe any discomfort or pain you experience that may affect your ability to walk/hike (knees, hips, feet, legs).

TRAVELER MEDICAL INFORMATION

Primary Physician and Contact Information _____

Travelers must bring enough medication for the duration of the tour.

If you want us to hold a list of your medications or dietary restrictions, please include that information here:

Health Insurance

Provider: _____

Health Insurance Account/Policy

Number: _____

PASSPORT

All travelers will need to hold a valid passport at least 6 months beyond their return date.

Please make a copy of your passport and return it with this form.

TOUR CHOICE

All tours are ten days in Ireland, beginning on arrival date and excluding departure date.

Your choice of Tour:

Tour Name: _____

Tour Dates: _____

Securing Flights

- Each Irish Byways LLC tour begins at the itinerary's first place of lodging and ends after the itinerary's final evening's overnight lodging. Each traveler is responsible for their own transportation to the first place of lodging after arrival in Ireland and responsible for their own transportation departing the morning after the last night's place of lodging on Day 11.
- It is the responsibility of each traveler to secure their own roundtrip flight and the cost of the flight is NOT included in the tour fee. **IMPORTANT: Once you are notified by Irish Byways, LLC that your Trip Application Form has been accepted and the tour is advancing, you may then secure your flight.**
- Note that the departure and arrival dates are not the same when you secure an overnight flight, as you arrive the day after you leave the USA.
- If your flight is delayed, due to circumstances beyond your control, you are asked to contact Irish Byways, LLC through the first B&B on the list of B&Bs provided for you.
- Travelers shall provide a copy of their flight itinerary at least one month before departure date.

Your signature here indicates that you have read and understand this section on this Securing Flights policy. If anything is unclear, please contact us at info@irishbyways.com or 612-616-3782 before signing.

Date: _____ Traveler Signature: _____

Miscellaneous Provisions

Travel Insurance (coverage during tour)

Travelers are required to carry Travel Guard’s Platinum Level in-Ireland travel insurance to provide the level of protection needed if a medical emergency of any nature should arise. Such insurance is required for protection against unforeseen circumstances which may also cause you to cancel or interrupt your trip. If you choose another insurance policy, it needs to offer a comparable level of protection covering the possibility for airlift, medical care and hospitalization in Ireland. It also must cover the possibility of an emergency flight for care or an emergency at home. A copy of your travel insurance will be requested by Irish Byways, LLC one month before departure. Irish Byways, LLC is a small business and cannot bear the cost of such insurance for travelers.

Your signature here indicates that you have read and understand this section on this Miscellaneous Provisions policy. If anything is unclear, please contact us at info@irishbyways.com or 612-616-3782 before signing.

Date: _____ Traveler Signature: _____

Your Choice of Accommodations

Room for two – circle: (twin beds) (double bed) (either is fine)

My choice of roommate(s): _____

I am willing to be matched with another traveler yes no

Single Room, with 50 Euros additional cost per traveler per night (not covered in the \$3500 fee)

NOTE: Travelers with sleep disorders that might disturb others are requested to reserve a single room or sleep outside with the fairies.

Smoking, Alcohol, Tour Etiquette, Luggage Restrictions

Smoking is prohibited on all of our tours.

Alcohol: In Ireland, the Guinness is fine! Travelers who enjoy alcoholic beverages are asked to drink in moderation.

Etiquette: If the Tour Guide and Manager determine that inappropriate behavior of a traveler is interrupting or threatening the pleasure of the tour for other travelers, and a verbal warning is not heeded Irish Byways, LLC reserves the right to terminate the contract with the traveler mid-tour at traveler's expense. A traveler subject to termination shall receive no refund and shall arrange for personal travel arrangements for the remainder of the traveler's time in Ireland.

Luggage Requirements: Each traveler is limited to one large piece of luggage (not over-sized!) plus a carry-on with other smaller items (such as a camera, hiking pack).

Check our website for recommendations on packing for this tour.

Lost or Forgotten Luggage: Each traveler is responsible to be attentive to their own luggage on this tour especially when it is being transferred from one location to another, such as between a B&B and the bus. The tour cannot be delayed to return for forgotten items. Travelers bear the full expense of having misplaced or lost luggage and other personal items returned to them throughout the tour.

Your signature here indicates that you have read and understand this section on this Smoking, Alcohol, Tour Etiquette, Luggage Restrictions policy. If anything is unclear, please contact us info@irishbyways.com or 612.616.3782 before signing.

Date: _____ Traveler Signature: _____

Traffic Flow

Traveler hereby knowingly, voluntarily, and freely assumes the risks inherent with traveling in a foreign land and releases Irish Byways, LLC from any and all liability arising from loss, damage, injury, or death resulting from said travel and related travel activities.

Traffic flows in opposite direction in Ireland. Consequently, it is quite easy to look in the wrong direction for oncoming traffic when stepping into the street. Please be attentive and use caution in looking in both directions before entering a street on foot.

Your signature here indicates that you have read and understand this section on this Traffic Flow policy. If anything is unclear, please contact us info@irishbyways.com or 612.616.3782 before signing.

Date: _____ Traveler Signature: _____

Cancellation Policy

In the unlikely event that the tour is canceled due to circumstances beyond the control of Irish Byways, LLC, Irish Byways, LLC shall have no responsibility other than the reimbursement of the full refund of all deposits paid by travelers. Airfare and travel insurance will not be reimbursed or refunded by Irish Byways, LLC.

Your signature here indicates that you have read and understand this section on Cancellation Policy. If anything is unclear, please contact us at info@irishbyways.com or 612-616-3782 before signing.

Date: _____ Traveler Signature: _____

Traveler Payment Schedule and Cancellation or Substitution Policy

Tour costs.

The tour cost is described on www.irishbyways.com

Questions: info@irishbyways.com or 612-616-3782

All payments either by

check payable and mailed to

Irish Byways LLC
889 Grand Avenue
St Paul, MN 55105

credit card

INFO

Each traveler agrees to this payment schedule:

1. \$500 due with Tour Application Form
2. \$1,500 due four months before departure date; and
3. Balance due three months before departure date.

Any Traveler Application Form received later than three months before departure date must be accompanied with full payment.

Tour cancellation. If a traveler cancels participation in this tour, the following charges will be assessed:

- a. Canceling more than four months or 120 days before departure date: Full refund less \$500 down payment; and
- b. Canceling less than four months or 120 days before departure date: There is no refund. However: You may substitute a person in place of yourself for a \$300 administrative fee with the understanding that their arrival time is no later than noon on day one of the tour.

THERE ARE NO EXCEPTIONS OF ANY KIND.

Participation in this tour, constitutes acceptance of the above noted terms and conditions.

Your signature here indicates that you have read and understand this section on the Traveler Payment Schedule and Cancellation or Substitution Policy. If anything is unclear, please contact us at info@irishbyways.com or 612-616-3782 before signing.

Date: _____ Traveler Signature: _____

Disclaimer and Release of Liability

In traveling with Irish Byways, LLC I agree that Irish Byways, LLC shall not be liable for any injury, damage, death, loss, accident or delay to person or property in connection with any transportation, any off-path walking/ hiking, accommodations, or other services resulting directly or indirectly from any occurrence or condition beyond Irish Byways, LLC control, including but not limited to defects, breakdown of equipment, acts of God, acts of governments or other authorities, wars, or civil disturbances. I understand that traveling in a foreign land involves several inherent risks.

Irish Byways, LLC is not responsible for incidental or consequential losses or damages. It is understood that all accommodations, services, and facilities are subject to the laws and customs of the country(ies) in which these accommodations, services and facilities are rendered. Unforeseen conditions may necessitate tour changes and the right is reserved to make such changes and alter the tour as deemed advisable.

Services in connection with the in-Ireland trip are rendered by suppliers acting as independent contractors and not as agents or employees of Irish Byways, LLC. Irish Byways, LLC assumes no liability and makes no guarantees on behalf of independent contractors not employed by Irish Byways, LLC.

The laws, statutes, regulations, and Constitution of the State of **Wisconsin**, United States of America, shall govern any dispute or claim arising under this Application and Agreement. Traveler agrees to submit to the jurisdiction of St. Croix County, State of **Wisconsin**, United States of America (where this legal document was created) if any legal suit or administrative proceeding commences under this Form.

Your signature here indicates that you have read and understand this section on Disclaimer and Release of Liability. If anything is unclear, please contact us at info@irishbyways.com or 612-616-3782 before signing.

Date: _____ Traveler Signature: _____

Please review your entire Traveler Application Form and Agreement and contact Irish Byways LLC if you have any questions before signing any portion of said document.