

# Statement of Conditions

**Tour cost: \$4,595.** Based on exchange rates and tariffs in effect as of May 10, 2010; subject to change in the event that there is a fluctuation of more than 4%. **Single Supplement: \$750.**

**Air transportation (included in tour cost):** Twin Cities/ Rome, Venice/Twin Cities based on currently confirmed fare by Lufthansa German Airlines and United Airlines, subject to restrictions and cancellation penalties by the airline; current taxes and surcharges of \$428 are included (subject to change until ticketed). **NOTE: Airfare is based on a negotiated group airfare. A minimum of 10 participants must travel on group flights.**

**Surface travel/transfers:** By private motorcoaches (2) as indicated in the itinerary from arrival in Rome until arrival in Venice; Venice transfers by private motorlaunch; Treiber Autobus coaches will be used.

**Accommodations and meals:** Twin occupancy at hotels as indicated in rooms with private bath, with continental buffet breakfast daily, four lunches and five dinners.

**Program arrangements:** As indicated in the itinerary, including entrance fees for guided touring where applicable; services of two professional English-speaking Tour Managers while within Italy; services of professional English-speaking guides for tours as indicated; arrangements for a minimum of nine singing opportunities (as indicated or similar); tour related gratuities (Tour Managers, drivers, guides, included meals). **NOTE: Participants with special needs may incur surcharges for additional services. Handicap accessibility varies significantly from country to country. Participants are responsible for ensuring that they meet passport and visa requirements of each country visited. If required, passport and visa information must be received by Seminars International 45 days prior to departure; late information will result in additional fees.**

**Payment schedule:** \$500 per person deposit due with enrollment by **October 1, 2010**; final balance due **November 1, 2010**, upon receipt of invoice.

**Cancellation and refund policy:** Should cancellation occur prior to 90 days before departure, full refund will be granted less a \$50 service charge each. In addition to any airline penalties, the following specified costs are non-refundable: 60-89 days – \$250; 46-59 days – 50% of tour price; 15 - 45 days – recoverable costs only (possible forfeiture of entire tour cost); cancellations received less than 15 days from departure will receive no refund. **Cancellations must be submitted in writing; the date such notification is received by Seminars International, Inc. is the cancellation date. Trip cancellation insurance is strongly recommended.**

**Exclusions:** Items not listed above, including but not limited to meals other than those indicated; beverages except at breakfast; optional entertainment and excursions; excess baggage charges; all personal items, such as telephone calls, laundry expenses, individual room service; insurance (brochure available through Seminars International); non tour-related gratuities; departure taxes (except U.S.); passport and visa fees (no visa required for US citizens). Note: Most countries require passports to be valid up to six months after the scheduled return.

**Management and responsibility:** Seminars International (SI) acts only as an agent and neither SI nor any employee or appointee nor any other person, party or organization or agency collaborating with it is or shall be responsible or liable for any injury or loss, accident or damage, delay or deviation or curtailment, howsoever caused or arising or the consequences thereof, which may occur during any part of the travel or program or during such free time as the members may elect to spend independently on tour. The airlines or commercial carriers concerned are not to be held responsible for any acts, omissions, or events during the time the passengers are not on board their planes or conveyances. The passage contracts in use by the airlines concerned, when issued, will constitute the sole contract between the airlines and the purchaser of this tour and/or passenger.

**Deviations policy:** Some participants may wish to precede the group, extend their stay, or originate or deplane from different cities. Every effort will be made to assist tour members who require deviations in air and/or land arrangements for a \$75 per person service charge, plus any additional charges levied by the airline. Lufthansa permits only 20% of the group to deviate on outbound or return date only, no itinerary changes. Once the deviation has been booked, any changes may incur additional costs. Please remember that you are purchasing a group tour. Thus, any deviation from the tour arrangements will require staff time that is not calculated in the tour price. No refund can be granted to participants who wish to omit portions of the itinerary. **All deviation requests must be submitted in writing at least 75 days prior to departure to avoid any misunderstandings. Please make sure all participants have this information.**

**\*Upon request, Seminars International Inc. will assist tour members traveling singly to arrange for a roommate. If no roommate is found, a single supplement will be assessed.**

# Registration

(Please complete the registration form and have each traveler in your group sign a liability form)

## Registration Form

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

(Please print legal name as does/will appear on passport.)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

I wish to enroll in *The Gustavus Choir Companion Tour of Italy* (see Statement of Conditions for detailed price information) by:

- Check. An enrollment check for **\$500** per person made payable to Gustavus Adolphus College is enclosed.  
 Mastercard  Visa  Discover

Card # \_\_\_\_\_ Expires \_\_\_\_\_

- I prefer a single room at a supplementary cost.  
 I would like a roommate.\* Smoking?  Y  N

Name of roommate (if known): \_\_\_\_\_

- I/we have a U.S. passport.  
 I/we have a non-U.S. passport.  
 I/we will apply for a U.S. passport.  
 I/we will apply for a non-U.S. passport.

Passport expiration date \_\_\_\_\_

(Most countries require passports to be valid for six months after departure.)

I have read and do understand the Statement of Conditions and authorize Seminars International to debit my credit card for this deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Mail or fax this enrollment form and deposit by October 1, 2010 to:

Jackie Peterson  
Gustavus Adolphus College – Office of Advancement  
800 West College Avenue  
St. Peter, MN 56082  
Tel : 800-726-6193 Fax: 507-933-6270  
Jpeters9@gustavus.edu

**\*\*Upon receipt of your enrollment form, a confirmation packet will be sent to you by Seminars International, Inc.**

Questions about the daily program may be directed to Jackie Peterson at (800) 726-6193 or jpeters9@gustavus.edu. For information about travel logistics, please contact Seminars International at (800) 541-7506 or travel@semint.com.

**LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**  
**For Non-Student Adults Accompanying Faculty Members**

This is a legally binding Release executed by \_\_\_\_\_ (Full legal name of non-student adult) whose address is \_\_\_\_\_ to Gustavus Adolphus College, 800 W. College Avenue, St. Peter, MN.

1.0 I, the undersigned, request that I be permitted to accompany Professor Greg Aune (the "Faculty Member"), who is participating as a faculty director, in the Off-Campus Program ("Program") entitled "Cultures of Creativity: Gustavus Choir Tour in Italy" during January 2011. I understand and hereby acknowledge that my ability to accompany the Faculty Member on the Program is wholly voluntary, and that if I do not sign this document, and agree to its terms, I will not be permitted to accompany the Faculty Member on the Program.

2.0 In consideration of being permitted to accompany the Faculty Member on the Program, I release, waive, forever discharge, and covenant not to sue the College, the Host Institution, its governing boards, officers, agents, employees, and students ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which I may have or which may hereafter accrue, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the College or otherwise, while I am in, on, upon, or in transit to or from the premises where the Program occurs or is being conducted.

3.0 I have signed this "Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to serious or even mortal injuries and property damage as well as criminal prosecution for my actions. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances and local medical and weather conditions. I understand that these and other risks are further described in the U.S. Department of State Consular Information Sheet and Travel Warning for the country or countries to which I will be traveling. I have accessed the applicable Information Sheet(s) and Travel Warning(s) at <http://travel.state.gov/travel/>. I further understand that domestic travel also involves risks that in some circumstances are similar to those presented by international travel. I understand that my housing may be located in an area that is dangerous to my personal health and safety. I understand that there are unascertainable risks of a pandemic and that I may be subject to quarantine while traveling internationally or within the United States. I further attest that I have fully considered the aforementioned risks and hazards, and agree that I have individually assumed the risks involved with this Program.

4.0 I understand and agree that Releasees do not have medical personnel available at the location of the Program. I understand and agree that Releasees are granted permission to authorize emergency medical treatment if necessary and that such action by Releasees shall be subject to the

terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

5.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my family, estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant Not to Sue" the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me, or any other person or entity, arising out of my accompanying the Faculty Member on the Program.

6.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the contents of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it, and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further state that there are no health-related reasons or problems which preclude or restrict my accompanying the Faculty Member on this Program, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

7.0 I further agree that this Release shall be construed in accordance with the laws of the State of Minnesota. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement and that I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have executed this Release this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

ADULT PARTICIPANT

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Signature)