



Tour Reservation Form The Splendors of Italy (6400 90908)

Personal Information

Last/First/Middle Name (same as passport)	Gender	Date of Birth (MM/DD/YY)	Citizenship	Passport	
				Number	Expiration

Mailing Address	
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Contact Information	Cell: _____	Work: _____	Email: _____
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Emergency Contact	Name: _____	Phone: _____
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Special Considerations	Food Allergies: _____
	Room Requirements: _____

AIR Yes <input type="checkbox"/> Departure City/AIRPORT _____ (or) No <input type="checkbox"/>	Air Departure Date		
Air Deposit (\$300/person) Non-refundable	<input type="checkbox"/> Chicago (ORD) <input type="checkbox"/> Other	<input type="checkbox"/> 09/07/19	
	<input type="checkbox"/> Land Only (Start Rome 09/08/19 End Rome 9/16/19)		

I fully understand and accept the "Terms and Conditions" of Dream N' Travel, Inc., including cancellation policy responsibility and liability. Dream N' Travel, Inc., does not compensate missed connections due to any flight or train delays. Cancellation Notice in letter or fax must be received by Dream N' Travel, Inc. All deposits are non-refundable. All final balances are non-refundable and/or non-transferable. Please note: we are not responsible for your cancellation due to personal medical issues. In addition to the cancellation fee from Dream N' Travel, Inc., penalties of \$250/person from airlines may apply if tickets are issued.

Signature: _____	Date: _____
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Waiver Form

I hereby verify that I have reviewed my travel itinerary for accuracy. I have been advised of all applicable fees imposed by Dream N' Travel, Inc. and the suppliers, plus I have been offered the option of purchasing trip cancellation/interruption insurance. I understand that discounted fares and vacation packages typically involve restrictions and that changing any aspect of my travel arrangements may result in the payment of additional money.

I wish do not wish to purchase travel protection.

Signature:

Date:



Payment Form The Splendors of Italy

Credit Card Authorization

Credit Card Information	Number:	
	Expiration:	Security Code:
Issuer		
Card Holder's Name		
Billing Address		
Phone		
Authorized to Charge	<input type="checkbox"/> Land: \$250/person deposit non-refundable for ____ people	<input type="checkbox"/> Final Balance (Due by May 15, 2019)
	<input type="checkbox"/> Optional Air: \$300/person additional deposit non-refundable for ____ people	

Passenger Names (if other than card holder)	

Itineraries or Services (or travel dates):

Signature:	Date:
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I fully acknowledge Dream N' Travel's general conditions and terms, and agree to accept them all on behalf of myself and the persons I paid for. I understand a Service Fee will be assessed for any cancellations after reservation. Additional Cancellation Fee may be assessed if airline tickets were issued.

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment
North Central College Alumni Association
The Splendors of Italy
September 8 (Arrival in Rome) - September 16 (Depart from Rome)**

I, _____ (print name), age _____, desire to participate voluntarily in the North Central College Alumni Association activities and related trips.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT NORTH CENTRAL COLLEGE'S Office OF ALUMNI ENGAGEMENT AT (630) 637-5200.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that North Central College has advised me to seek the advice of my physician before participating in any strenuous physical activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by North Central College. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian (If Participant is under 18*): _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release North Central College and their officers, directors, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of North Central College and their officers, directors, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian (If Participant is under 18*): _____ **Date:** _____

Consent for Emergency Treatment:

I authorize North Central College and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____

Signature of Parent or Guardian (If Participant is under 18*): _____ **Date:** _____

* If your son, daughter or ward will be under 18 while participating in North Central College activities and related trips, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

** If air is purchased with tour Start Date from any US City is September 7th. Arrival Date in US September 16