

STANDARD APPLICATION PACKAGE

Kindly complete this form in its entirety. Be clear and precise in your responses. Inaccurate, incomplete and/or illegible applications will be returned to the applicant for re-submission.

Please provide a coloured photocopy of the passport with the application.



GREATER
PARKLAND
REGIONAL
CHAMBER

Greater Parkland Regional Chamber of Commerce 2023 - Spain & Portugal

- I am joining this tour and will be sharing a room with_____
- I wish to join this tour as a single traveller and I am open to sharing a room with another participant of the same gender if it is an option. I wish to join this tour as a single traveller with the understanding I will be responsible for paying the applicable single supplement fees as they pertain to this tour.

Traveller Information:

Last Name: (as it appears on your passport)_____

First & Middle Name(s): (as it appears on your passport)_____

Date of Birth: (mm/dd/yy) ____/____/____ M/F/X

Mailing Address & Contact Information:

Street Address:_____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Emergency Contact Information:

First & Last Name: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Medical & Dietary Information:

Please list all medical conditions, allergies, prescriptions AND dietary restrictions:

In order for your application to be considered complete, please ensure the following items are included with your submission

- COLOURED COPY OF THE ID PAGE FROM YOUR PASSPORT (Passports **must be valid** for at least **6 months** beyond the return date.)
- INSURANCE POLICY INFORMATION (Travel insurance is **mandatory** for all TYW tours, however, it is not included in the package price.)
- NON-REFUNDABLE FIRST DEPOSIT (If paying by cheque, post-dated cheques **must be included** with the application package submission.)
- SIGNED & COMPLETED PAYMENT AGREEMENT FORM

Please submit your completed and signed Application with Waiver & Release Form as well as all required documents to:
Jodie MacPherson at jmacpherson@gprchamber.ca

TRAVEL YOUR WORLD INTERNATIONAL LTD.

Mailing address: 76 South Park Drive • Leduc, AB • T9E 4X8 • 780-739-2245 • tours@tyw.ca • www.tyw.ca • IATA, ACTA & CTC Certified

Travel Your World/Greater Parkland Regional Chamber - Waiver & Release

I, the undersigned applicant for travel service(s) arranged by TRAVEL YOUR WORLD INTERNATIONAL LTD. and the Greater Parkland Regional Chamber of Commerce (GPRC), agree to the following:

My tour begins at my scheduled take-off from my chosen departure gateway (also known as my Point of Origin) and terminates upon completion of my final scheduled flight to my chosen gateway (also known as my Point of Termination) as per my Travel Your World International and GPRC itinerary ("the Tour"). I am aware that the Tour involves many risks and dangers. I understand that known and unknown risks and dangers associated with my participation in the Tour may result in personal injury, death, property damage or loss, wasted time and opportunity and economic loss. I understand as well that personal injury, death, property damage/loss and opportunity/economic loss may be caused or contributed to by the negligence or carelessness of others.

In consideration of Travel Your World International and the GPRC allowing my participation in the Tour, I agree, on behalf of myself, my heirs, assigns, personal representatives and next of kin, that:

1. I ASSUME AND ACCEPT, without limitation, all risks and dangers associated with my activities during the Tour;
2. I WAIVE any and all claims against Travel Your World International and the GPRC and its directors, officers, employees, agents and representatives (all collectively referred to as the "Releasees") arising from or connected, directly or indirectly with my presence at, or participation in, the Tour;
3. I RELEASE the Releasees from any and all liability for any loss, damage, injury or expense that I, or my next of kin, may suffer as or incur by reason of my presence at, or participation in, the Tour, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES, OR OTHER PARTICIPANTS OR ANYONE ELSE;
4. I ASSUME FULL RESPONSIBILITY for understanding, following and abiding by Travel Your World International, Canadian and foreign countries' laws and regulations and the reasonable directions of my group leaders or Travel Your World International tour directors during my tour. Failure to do so may result in Travel Your World International excluding me from the balance of the Tour.
5. I UNDERSTAND the following:
 - a. that the air carrier's liability for loss or damage to baggage or property or for injury or death to any person, is limited by their tariffs or the Warsaw Convention or both;
 - b. that Travel Your World International shall have no responsibility to or for me when I am absent from supervised activities or during any pre and/or post-travel itinerary deviation period(s);
 - c. that to disobey such laws, rules or directions is to waive the right to a refund of any part of my tour fee and that Travel Your World International's tour director may send me home at my own expense;
 - d. that if I become ill or incapacitated, Travel Your World International's tour director may take any action they deem necessary for my safety and well-being, including securing medical treatment and transporting me home if necessary;
 - e. it is my responsibility to secure necessary travel documents (passports or visas). Failure to do so does not constitute grounds for a refund. I also understand that entry into another country may be refused even if the required information and travel documents are complete;
 - f. that i am solely responsible for any illegal activities such as theft, vandalism, or any other activities which are against the law in any country during the Tour;
 - g. that I shall not have or buy any illegal substances or products;
 - h. that living standards, conditions, and practices at the destination with respect to the provision of utilities, services, and accommodation may differ from those found in my home country; and,
 - i. that it is my responsibility to secure adequate travel insurance when travelling outside my province of residence.

Applicant's Name (please print): _____ Signature: _____

Today's Date (mm/dd/yyyy): _____

TRAVEL YOUR WORLD INTERNATIONAL LTD.

2 of 4

THE IMPORTANCE OF TRAVEL INSURANCE

Insurance Information

Travel insurance is **mandatory** for all Travel Your World International Ltd. customized tours, however, it is not included in the package price. Please reach out to TYW's Registered Manulife Insurance Specialist, **Kirsty Power** ~ Bilingual Licensed Insurance Advisor | Inside Sales | Protection Solutions E: Kirsty_power@manulife.ca Call: 1-833-409-3349 URL: <https://www.manulife.ca> if you would like to receive a quote.

No deposits will be accepted until you submit a completed and signed TYW Insurance Waiver Form OR purchase a Manulife Travel Insurance policy.

***Please note:** TO BE ELIGIBLE FOR INSURANCE with Travel Your World International Ltd. and Manulife Insurance, with the exception of the 'Visitors Plan' that includes Emergency Medical Insurance, you must be a resident of Canada and covered under a government health insurance plan for the entire duration of the trip. It is your responsibility to inform Travel Your World, in the Application 'Medical & Dietary Information' section, if **any** of the following apply:

Please check off any of the following that apply and NOTE, you will not be eligible or covered by the above-noted travel insurance.

- you have been advised by a physician not to travel; and/or
- you have been diagnosed with a terminal illness with less than 6 months to live; and/or
- you have a kidney condition requiring dialysis; and/or
- you have used home oxygen during the 12 months prior to the date of application.

Please refer to TRAVEL YOUR WORLD INTERNATIONAL LTD. Terms & Conditions

- I have read, fully understand and agree to the Terms and Conditions as outlined above.
- I have read, fully understand and agree to the Travel Insurance Information and requirements as outlined above.
- I have submitted a legible and coloured copy of my valid passport with this Application & Waiver Form.

Applicant's Name (please print): _____ Signature: _____

Today's Date (mm/dd/yyyy): _____

TRAVEL YOUR WORLD INTERNATIONAL LTD.

Mailing address: 76 South Park Drive • Leduc, AB • T9E 4X8 • 780-739-2245 • tours@tyw.ca • www.tyw.ca • IATA, ACTA & CTC Certified

TRAVEL INSURANCE WAIVER FORM

***PLEASE NOTE:** If you are travelling with a companion who booked his/her travels with Travel Your World each traveller must **individually complete their own Insurance Waiver Form.**

I, hereby, decline to purchase Out-of-Province Travel Insurance for the following types of coverage(s):

____ TRIP CANCELLATION, TRIP INTERRUPTION AND TRIP DELAY

____ EMERGENCY MEDICAL

____ BAGGAGE LOSS, DAMAGE & DELAY, FLIGHT & TRAVEL ACCIDENT AND RENTAL VEHICLE DAMAGE

REASON FOR DECLINE (CHECK ALL THAT APPLY)

- I have sufficient or satisfactory coverage with my credit card provider.
- I have sufficient or satisfactory coverage with my employee benefits.
- I have sufficient or satisfactory coverage with my home insurance provider.
- I have sufficient or satisfactory annual coverage which covers me for the duration of my trip.
- I found a less expensive provider and have chosen to purchase Out-of-Province Travel Insurance elsewhere.
- Other (Please specify) _____
- I choose not to disclose why.

****Proof of insurance is mandatory** for all out-of-province tours planned and facilitated by Travel Your World International Ltd. In the case of an emergency, while you are participating in any Travel Your World International Ltd. tour/travel arrangements, and in the event that you, the traveller/participant, require assistance with contacting your insurance company, TYW must have a record of the following:

- Out-of-Province Insurance Provider: _____
- Policy Number: _____
- 24/7 Canadian or Worldwide Insurance Provider Emergency Contact Number: _____
- Family/Friend Emergency Contact Number: _____

By signing this document I waive any liability against my Travel Agent or my Travel Consultant for any costs I incur as a result of:

- a)** my choice not to purchase Travel Insurance Coverage or my selection of the principal sums and/ or sums insured of the insurance(s) that I have purchased;
- b)** restricted benefits, conditions and/or exclusions related to my credit card travel insurance, my employer's or personal insurance benefits, my annual insurance coverage or any other travel insurance-related coverage I may be privy to that influenced my decision to decline Travel Your World International's quoted policy;
- c)** insufficient protection offered by my credit card travel insurance, my employer's or personal insurance benefits, my annual insurance coverage or any other travel insurance-related coverage I may be privy to that influenced my decision to decline Travel Your World International's quoted policy; or
- d)** non-existent coverage of my credit card travel insurance, my employer's or personal insurance benefits, my annual insurance coverage or any other travel insurance-related coverage I may be privy to that influenced my decision to decline Travel Your World International Ltd.'s quoted policy;

First and Last Name (please print): _____

Travel Agent or Travel Consultant: _____ Date of decision to decline: _____

Signature: _____

WWAI114E

TRAVEL YOUR WORLD INTERNATIONAL LTD.

Mailing address: 76 South Park Drive • Leduc, AB • T9E 4X8 • 780-739-2245 • tours@tyw.ca • www.tyw.ca • IATA, ACTA & CTC Certified