THE WAYFARERS
Walking Vacations since 1984

Johns Hopkins University Alumni Journeys
Northern Ireland July 18th – July 24th 2010

Name(s) (as appears on passport)...............................................................................................................................................

Address.......................................................................................................................................................................................

Town/City ..................................................... Zip Code..............................................................................................................

Telephone (home) ......................... Telephone (work) ......................... Telephone (cell) ..........................................

Email.......................................................................................................................................................................................

I/We would like the following accommodations:

☐ Double Bed   ☐ Twin Beds   ☐ Single Room (Supplement payable for single room)

Special requests (diet, allergies, medical conditions, etc. If you are vegetarian, please specify if you eat
dairy or fish.) ........................................................................................................................................................................

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UNIVERSITY’S DISCLAIMER

The University is not the Tour Operator.

The University is not responsible for the itinerary, flight times, hotel or transportation arrangements, or
any other aspects of this tour.

The University and the Tour Operator act only as agent for the participants with respect to travel
services, and it shall not be responsible for changes of flight times, fare changes, dishonor of airline,
hotel or other reservations, injury, damage, loss of baggage, accidents or for the acts or defaults of
any person or entity engaged in conveying participants or in carrying out other arrangements of the
tour. Further, the University and Tour Operator shall not be responsible for losses or additional
expenses of the participant due to sickness, weather, strike, civil unrest, acts of terrorism, quarantine,
acts of God, or other causes beyond its control.

The University and Tour Operator shall not be responsible for alteration in the itinerary as deemed
necessary for carrying out the tour and the right is reserved to substitute hotels of similar quality. The
right is further reserved to cancel any tour prior to departure; in which case the entire payment may be
refunded without further obligation on its part. The right is also reserved to decline to accept or to
retain any person as a member of the tour should such person’s health, actions or general deportment
impede the operation of the tour or the rights or welfare of the other participants. No refund will be
made for the unused portion of any tour.

Applicants for participation in this tour accept in full all of the conditions set forth above.
Please refer to the copy of The Wayfarers 2010 Release and Booking Conditions attached.

I have read The Wayfarers 2010 Release and Assumption of Risk, and Booking conditions, and agree to all the conditions therein. I warrant that I have the authority of all the persons included in this booking to make this application and to accept the Release and Assumption of Risk and Booking Conditions on their behalf.

Signature ........................................................................................................................................Date ........................................................

Name...................................................................................................................................................

☐ Please charge my deposit of $400 per person to my credit card

☐ I understand that the balance is due no later than April 19, 2010

Name as it appears on the card:..............................................................................................................

Billing address (if different from above):...............................................................................................;

Card number.........................................................................................................................................Expiration Date..........................................

IMPORTANT: Insurance is available for your walking vacation and is highly recommended. For pre-existing medical conditions, insurance must be taken out at the time of deposit. Contact The Wayfarers for rates and information.

Please return to: The Wayfarers, 174 Bellevue Avenue, Ste 210, Newport, RI 02840  Tel: (800) 249 4620