

Ibike Tours

4887 Columbia Dr. S, Seattle WA 98108-1919 USA

Tel/Fax: 1-206-767-0848 ~ Email: ibike@ibike.org ~ Internet: www.ibike.org/ibike

“Unique Tours To Special Places For Memories of a Lifetime!”

MEMO

To: Program Applicant
From: David Mozer
Re: Program Registration

Thank you for choosing our program. To register please do the following:

1. Participant Data Form: complete and return.
2. Personal Health Review: complete and return.
3. Waiver Form: read, sign and return.
4. General Terms and Conditions: please read and retain.
5. Pay a US\$300 deposit per person, per program, payable to Ibike Tours. (or full fee if it is less than 60 days before the start of the program). You can pay by check (cheque), money order, wire transfer, credit card or PayPal.
(Note: if you are on a waiting list your deposit is fully refundable and won't be processed, until you are added to the program roster).

We're sorry for the extra paperwork. Perhaps it's a sign-of-the-times. Because of the unique nature of the program we want to verify that you understand the activities involved. Your registration is not complete and your space is not reserved until we receive these forms and your deposit.

When we receive your waiver and personal information forms we will forward to you the pre-departure information packet. This contains important information on: air travel, preparing your bike, selecting personal equipment, health information, preparing for the cross-cultural experience, books to read, etc. If you would like to get started, there is a bibliography at <http://www.ibike.org/bibliography>.

The pre-departure packet should answer most of your questions. Others have found it to be very helpful. If after receiving and reading the packet you still have questions please feel free to contact us.

If you have not already, we suggest that you start planning your air travel. If you are leaving from North America and want to work with a real person, we recommend Karen Laushway, klaushway@atcadventure.com, at the Adventure Travel Company, 206-322-0396. She understand our program and her prices tend to be very competitive.

Please return the forms as soon as possible so that we can complete your registration and you will have maximum time to prepare for the trip. We look forward to your participation.

Name of tour & date: _____

Participant Data & Interest Survey

Return to: Ibike, 4887 Columbia Drive South, Seattle, WA 98108-1919 USA

Name (official) _____ Nick name _____ Age _____ Gender _____
Address _____ Ht _____ Wt _____
City _____ St/Prov _____ Code _____
Phone: Day (____) _____ Evening (____) _____ best time _____
Fax (____) _____ E-mail _____
Passport # _____ Exp. date _____
Nationality _____ Occupation _____
Birthday _____ Place of Birth _____
In Case Of Emergency Notify _____ Phone(____) _____
Address _____

Air Travel Arrangements: Unless you specified otherwise we **won't** arrange your air travel. But, our travel agent's thorough knowledge of air fares and schedules, and our programs assures you excellent service.

I would like the following air travel arrangements:

- ___ I will book my own air travel.
- ___ Please arrange roundtrip air transport from _____ and to _____. Class of service:
First___ Bus___ Econ___ Preferred airline(s): _____.
- ___ Arrange the following diversion from group air schedule (please be specific about dates, route, stopovers, extended travel, etc.)

Room Preference:

Rooms are generally, but not always, double occupancy. If you are not registering with a roommate, we will try to match people with roommates, if you wish, but a roommate **cannot** be guaranteed. **If you don't have a roommate, or don't want a roommate there will be a single supplement charge.** This represents the actual difference in the cost to the program. Single occupancy **cannot** be guaranteed.. Check one:

- ___ Double occupancy – Double bed. Name of travel companion: _____.
- ___ Double occupancy – Two twin beds. Name of travel companion: _____.
- ___ Double occupancy – Twin shared (find me a roommate)
- ___ Single occupancy

My bicycling experience:

My international travel experience:

My current level of physical activity:

Special interests:

Dietary restrictions, special medications or other personal needs:

I first heard about this program through _____

And, my T-shirt size is: ___small ___medium ___large ___x-large

Personal Health Review

Name _____

This is in part to help you assess your own level of health, but also to provide us with information on your health. If you have had or are currently experiencing any of the following conditions: 1) Check with your physician about your fitness to undertake a physically active trip; and 2) Circle the numbers and give details in the blank space. Be specific, include: dates, names of medication, history of condition, current status, etc.. Use additional paper if necessary.

1. Problems with vision or hearing -- requiring glasses, contact lenses or hearing aid.
2. Dizzy spells, fainting, convulsions, persistent headaches.
3. Frequent infection of throat, tonsils, sinuses, ear.
4. Chronic cough, bronchitis, bloody sputum.
5. Shortness of breath, or asthma on exertion.
6. Chest pains on exertion or deep breathing.
7. Palpitation of the heart, irregular heart beat, heart murmurs, or poor circulation.
8. Low or high blood pressure.
9. Frequent nausea or vomiting, food intolerance's, heartburn.
10. Jaundice or hepatitis.
11. Frequent diarrhea or blood in the stools.
12. Frequent abdominal cramps, severe menstrual cramps.
13. Hernia, lifting restrictions.
14. Difficulty urination, burning or pain on urination, frequency in urinating.
15. Kidney infection or stones.
16. Chronic pain in neck, back, shoulders, arms or legs.
17. Broken bones, joint dislocation, serious sprains, weakness of muscles.
18. Joint pains, swelling or stiffness without injury.
19. Any severe injury to head, chest, internal organs.
20. Severe illness requiring hospitalization or prolonged incapacitation.
21. Chronic skin problems (rash infection).
22. Reaction to extremes of temperature, heat exhaustion, sunstroke, frostbite, impaired circulation.
23. Claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas, or heights.)
24. Abuse of alcohol, drugs, or medicines.
25. Episodes of depression, anxiety, hysteria, nervousness.
26. History of diabetes, thyroid trouble, bleeding problems.
27. Hypoglycemia.
28. Had or presently have a drug-related problem?
29. Are you under treatment of a psychologist or psychiatrist?
30. Currently on any medication. If so, what?
31. Allergic to any: Food(s) _____ Drug(s) _____ Other
32. Special dietary restrictions (i.e. vegetarian, macrobiotic, etc.)
33. Any medical conditions, allergies, sun sensitivity or dietary restrictions which might cause difficulties or need special attention during the trip:

MEDICAL INSURANCE COVERAGE: Company: _____ Address:

Policy or certificate number: #

Does it provide world-wide, 24-hour coverage: Yes___ No

Ibike Tours

4887 Columbia Dr. S, Seattle WA 98108-1919 USA

Tel/Fax: 1-206-767-0848 ~ Email: ibike@ibike.org ~ Internet: www.ibike.org/ibike

“Unique Tours To Special Places For Memories of a Lifetime!”

VOLUNTARY WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

Signed Waiver Condition Of Participation: I, _____, have come to Ibike Tours (Ibike) of my own free will. I understand that this is a legally binding document. I understand that if I do not sign this document, I will not be allowed to participate.

Assumption Of Risk: I understand that bicycling and traveling have risks which CAN and sometimes DO result in bodily injury or death to its participants. I understand that I can be injured or killed EVEN IF I DO EVERYTHING CORRECTLY. Nonetheless, I am accepting this risk and release Ibike of all responsibility in order to participate. I certify that I am aware of all of the basic safety rules for such activities.

In consideration of, and as part payment for, the right to participate in such trips and other activities and the services and food arranged for by Ibike and their agents and associates, I have and do hereby assume all of the above risks and will hold them harmless from any and all liability, action, causes of action, debt, claims and demands of every kind and nature whatsoever, which I now have or which may arise in connection with my trip or participation in any other activities arranged for me by Ibike and their agents or associates. The terms hereof shall serve as release and assumption of risk from my heirs, executors and administrators and for all members of my family, including any minors accompanying me.

No Insurance Coverage: I understand that Ibike carries no insurance of any kind; no medical insurance, no liability insurance, no property damage insurance and no wage loss insurance. If I am hurt or killed I or my survivors cannot seek compensation from Ibike for any insurance or other payments of any sort.

Acceptance Of Responsibility For Health & Safety: I understand that a medical doctor has not been employed by Ibike to determine my physical ability or readiness to bicycle or travel. I have been advised to consult independent medical advice before participating in this program. I agree to be fully responsible for my own training. I release Ibike from any responsibility for my physical condition or my skill as a bicyclist or traveler. I understand that it is not the function of Ibike, the participants, agents or employees to serve as the guardian of my safety. I also understand that I am to furnish my own equipment and that I am responsible for its good operating condition regardless of where I obtain it.

Photo Release: I authorize the use by Ibike, or anyone authorized by them, of any and all photographs taken of myself while participating in this program, without further compensation.

Choice Of Law: I understand that this agreement shall be governed by, construed and enforced in accordance with the internal laws of the State of Washington, without giving effect to principles and provisions thereof relating to conflict or choice of laws and irrespective of the fact that any one of the parties is now or may become a resident of a different state. Venue for any action under this Agreement shall lie in King County, Washington. The undersigned agrees that if any portion of this agreement is held invalid, that the balance, shall, not withstanding, continue in full force and effect.

IBIKE Limited Liability: I understand that Ibike and/or associated companies give notice that all tickets and coupons issued by them and all arrangements for conveyance or for hotel accommodations are made

by them as agents upon the express conditions that they shall not be liable in whole or in part for any delay, injury, damage, loss, accident or irregularity which may be occasioned either by reason of mechanical defect, failure, negligence or acts of default of any nature by any company or person engaged in carrying the passengers therewith or any hotel proprietor or servant in connection with any accommodations or by any company or person engaged in other service. I understand that Ibike bears no responsibility or liability for the actions of others and circumstances beyond their control; including but not limited to the negligent or criminal actions of others individuals, including other participants in the group, and the physical conditions of the routes and destinations on the program. I understand that Ibike and/or associated companies accept no responsibility and bears no liability for losses or additional expenses occasioned thereby due to: delayed departure or arrival, missed carrier connections, changes in air, rail or other services, loss or damage of property, sickness or injury to person, weather, strikes, war, quarantine or other cause. The passenger contract in use by the carriers concerned when issued shall constitute the sole contract between the transportation companies and the purchaser of these tours and/or passengers. All program itineraries and fares may be affected by alterations in air service or by other causes. The right is reserved to withdraw any program announced and to cancel any program prior to departure. In such cases full refund of all payments shall constitute full settlement with participant.

Acceptance Of General Terms And Conditions: I have read and understand the attached page document, "GENERAL TERMS AND CONDITIONS". I accept and agree to be bound by the attached recited "GENERAL TERMS AND CONDITIONS".

Understanding Of Legal Contract: I understand that this agreement entitled "VOLUNTARY WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT" is a LEGAL CONTRACT. I have read each paragraph very carefully and made certain that I fully understand what the paragraph says and what I am signing. If I do not fully understand, or do not fully agree to the terms I WILL NOT SIGN it. I understand that I can go elsewhere to bicycle and travel if I do not agree to these terms. I have not been forced in any way to agree to or sign this document, and am doing so because I am willing to accept all risk associated with bicycling and traveling in order to participate on Ibike's program.

I have read and accept the above and attached terms and conditions.

Signature (1) _____ Date _____

Signature (2) _____ Date _____

(Signature of parent / legal guardian, if under 18 year old)

Ibike Tours

4887 Columbia Dr. S, Seattle WA 98108-1919 USA

Tel/Fax: 1-206-767-0848 ~ Email: ibike@ibike.org ~ Internet: www.ibike.org/ibike

“Unique Tours To Special Places For Memories of a Lifetime!”

GENERAL TERMS & CONDITIONS

Program components: The program includes accommodations, two meals a day, leader/ guides, transfers which are part of the program, and monument, historic site, park and museums fees, on the itinerary.

Program Does Not Include: Not included in the program are: accommodations, meals, travel and transfers before and after the program; excess baggage charges; all beverages, including soft drinks, liquor, beer, coffee, tea and bottled water; airport, security and departure taxes; passport and visa fees; vaccination; drugs and medical expenses; insurance; single supplement; tips and gratuities; personal items such as laundry, postage and telephone.

Surcharges: Good value and personal service are basic tenets of our program. We try to keep fees in line with the cost of doing business and our desire to attract participants eager to experience culture and environment in an intimate and sensitive fashion. Fees are based on at least six participants. There may be a surcharge of US\$100 for programs with less than six participants. Programs are based on the itinerary, tariffs and exchange rates at the time of publication. No revisions are anticipated; however, fees are subject to adjustment in the event of alterations in currency exchange, inflation, the imposition of surcharges or changes in the itinerary, with the understanding that any additional expenses will be paid by the individual participant.

No Refund on Unused Services: No refund or credit is given for unused program services or accommodations or leaving a program early for whatever reason: culture shock, inadequate physical conditioning, health, injury, etc. Refund will not be given to anyone asked to leave the trip because he or she is, in the opinion of program leaders, compromising the safety, security or success of the program.

Risk: Educational value, safety, security, health, road quality, seasonal climatic norms and riding difficulty are considered in the construction of the itinerary. Paved and unpaved roads are used. We do not engage in "sanitizing missions" to eliminate all environmental dangers. In fact we leave the environment as we find it. It is our policy to avoid civil unrest and acute crisis. While safety is a factor in planning the program, because the program involves bicycling on roads shared with motor vehicles and, in part, routes are selected because they go to desirable areas, we make no claims as to the safety of the itinerary. Furthermore, the organizers can not anticipate and are not responsible for the actions or circumstances created and controlled by others, including but not limited to the weather, the conditions of the routes and program destinations, the behavior of other road users, the skill and judgment of participants, and the negligent or criminal actions of other individuals. To the extent possible the organizers make reasonable inquiries as to the conditions of our routes and destinations and inform participants of the general nature of risks we are aware of. The right is reserved to make changes in the itinerary and its included features, with or without notice, as may be necessary for the well being and the proper carrying out of the program. It is recommended that participants master the material covered in an "Effective Cycling", "CAN-BIKE", or similar comprehensive adult cycling course, prior to the trip.

Registration: Register simply by sending your name, address, and phone number, name of the program(s) and a deposit of \$300 per program (of which \$100 is a non-refundable administrative fee). Please make payments by check or money order. Upon receipt of your registration a Voluntary Waiver and Release Form Liability and Indemnity Agreement will be forwarded to you and must be signed and returned before your registration is considered complete. Registrations submitted less than 60 days prior to departure should include the full program fee. Registrations received less than 30 days prior to departure will be accepted subject to availability and a late fee of \$50. Payments within 30 days of departure must be by cashier's check or electronic transfer. Early registration is encouraged. Due to visa requirements, limits on group size and the advisability of cracking the reading list, registrations should be submitted at least 60 days prior to the departure date.

Full Payment: Due 60 days prior to departure. If payment has not been received and no special arrangements have been made, we reserve the right to assume withdrawal and fill the space.

Withdrawals: To receive a refund if withdrawing, submit a letter of withdrawal in writing to Ibike. Our policy is as follows: (1) A \$100 administration fee is forfeited, per program, for all withdrawals. (2) A fee of \$300 is assessed for withdrawals within 60-30 days prior to departure. (3) The full price of the land costs is assessed for withdrawals initiated less than 30 days prior to departure. Changes in medical circumstances are not considered as exceptions to our normal refund policy. Insurance coverage for trip cancellation/interruption is available from several companies.

Cancellation: If the organizers cancel program, all moneys paid for services not performed in accordance with the contract will be refunded within fourteen days after cancellation, unless the participant requests that apply the money to another program.

Pre-Departure Services Provided: On receipt of your Release From Liability we forward a pre-departure packet. This contains information on: international travel, air travel, preparing your bike, selecting personal equipment, visas, immunization, books to read, insurance options, etc. We welcome calls or letters if you need additional information.

Air Transportation: We usually do not escort groups during air travel. If you would like, we will help you book your flight. We have extensive knowledge of alternative arrangements for reaching our destinations with reliable and competitively priced services. There is no extra charge for this service. We are also willing to help you plan and book your extended travel arrangements before and after your program.

Travel and Equipment: Most travel is done by bicycle. All-terrain-bicycles or touring bikes are recommended. Participants are fully responsible for their own bicycle and personal equipment. Information on selecting and setting up your bicycle and equipment is sent in a pre-departure information packet.

Baggage: Participants are responsible for carrying their own belongings during the cycling portion of the program, except where identified. Baggage is at owners' risk throughout the program. Baggage allowances for airlines vary so contact the airline their current policy. Excess baggage charges must be borne by passenger.

Accommodations: Sleeping arrangements range from local housing to cabins with bunk beds, simple hotels and tourist hotels. We endeavor to select clean, friendly and secure accommodations. Rates are based on shared rooms. Rooms are generally, but not always, double occupancy. Will try to match people with roommates, if they wish. **If you don't have a roommate, or don't want a roommate there will be a single supplement charge.** This represents the actual difference in the cost to the program. Single rooms **cannot** be guaranteed. Plumbing, electricity and modern services are often not available, and when seemingly available, maybe malfunctioning or nonfunctioning.

Meals: Provided at or above the local standard and often taken family-style. Variety and choice of food is often very limited. Food for certain restrictive diets may be unavailable. Choice of beverages is often very limited.

Taxes and Tip: Gratuities for local guides, porters, waiters, etc., are customary and at the individual participant's discretion. Airport departure taxes are the responsibility of the traveler. The organizers pay taxes on lodging and meals, while with the group.

Travel Documents: Participants are responsible for their own travel documents. Participants must carry a valid passport. A current International Certificate of Vaccination is necessary for travel in some countries. Visas may be required. Participants are responsible for acquiring the necessary visas. Visas are issued solely at the discretion of visa officials. If a visa is denied your program fee will be refunded.

Health Responsibilities: Participants are responsible for their own physical and mental health. The program includes strenuous physical activity in a different culture. For the safety and enjoyment of everyone, good physical and mental health is essential for these programs. The ability to participate by those who have any physical or mental impairment that will impede them from active daily bicycling and/or sightseeing activities, or have conditions that will be aggravated by these activities will be evaluated on an individual basis. We may require a statement from a physician describing the nature of the limitations and accommodation needed. We will make a reasonable effort to accommodate some limitations. The organizer reserves the right to refuse acceptance of anyone whom it deems unsuitable for a trip. Under no circumstances acceptance be refused based on race, creed or sex. Vaccination(s) and prophylactic medicine(s) are required or recommended for travel in some areas. It is recommended that an ANSI/Snel approved bicycle helmet be worn during all bicycling activities.

Medical Care: Programs operate in areas remote from modern medical facilities. The organizers provides information and guidelines to help participants stay healthy, but assumes no responsibility for medical care or advice, or for a participant's physical or mental health, prior to, during or after the program.

Insurance: Personal health insurance, travel, evacuation and baggage insurance is strongly recommended. Cycling and travel have inherent risks. Even the most conscientious behavior does not guarantee against illness or injury.

Special Arrangements: We want you to have a great trip! Please express your individual interests. We try to be accommodating. It is not always possible to make changes in itineraries, but we want you to be as satisfied as possible about overall arrangements.