

**Alumni Association Travel Program LLC**  
**Christmas Markets – Highlighting Vienna Program**

Application for Participation in 2022 Alumni Association Travel Program Tours

**Complete these forms and return to:**

(This form may be faxed to 815-753-0278)

Alumni Association Travel Program LLC  
Barsema Alumni & Visitors Center  
231 N. Annie Glidden Rd.  
DeKalb, IL 60115

**PLEASE ENTER YOUR NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT! PLEASE PRINT!**

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Name	Name for Your Nametag (Nickname)
<hr/>			<b>Sex: M F</b>
<hr/>		<hr/>	
Street Address		Class Year(s) or Non-Alumni	
<hr/>			
<hr/>		<hr/>	
City		State	Zip
<hr/>			
<hr/>		<hr/>	
( ) Home Phone		( ) Daytime Phone	
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( ) Home Phone		( ) Cell Phone	
<hr/>			
<hr/>		<hr/>	
E-Mail		Profession/Title	
<hr/>			
<hr/>		<hr/>	
Passport Number <b>AND</b> Where Issued (if other than U.S.)		Date Passport expires	Birthdate

**PLEASE INCLUDE A COPY OF THE PICTURE PAGE OF YOUR PASSPORT WITH THIS FORM**

The Alumni Association Travel Program LLC and the tour operator do not assume any responsibility for and are not liable for your medical care or condition during this Program tour, but this information may help the group leader assist you in the event of an emergency while you are traveling with the group.

\_\_\_\_\_  
Traveling Companion(s)

\_\_\_\_\_  
Physical, Medical or Other Conditions (include allergies, drug reactions, chronic conditions, etc.)

\_\_\_\_\_  
Special Physical or Dietary needs (vegetarian, diabetic, etc.)

\_\_\_\_\_  
Airline Seating Preference

\_\_\_\_\_  
Please find me a roommate if possible; if no roommate is available, I will pay the additional single supplement cost.

\_\_\_\_\_  
Prefer a single room (Single supplement: Cost by request only, if available).

**Name, Address, Phone and E-Mail of person to be notified in case of emergency that is NOT traveling with you:**

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	Relationship	
<hr/>			
<hr/>		<hr/>	
Street Address		City	State Zip
<hr/>			
<hr/>		<hr/>	
( ) Preferred Phone Number		( ) Alternate Phone Number	
<hr/>		<hr/>	
( ) Preferred Phone Number		( ) E-Mail	

# CHRISTMAS MARKETS TRAVEL PROGRAM

## CONSENT AND RELEASE

**Caution: This is a Consent and Release of Legal Rights. Please read carefully before signing.**

By voluntarily signing this Consent and Release, I do hereby certify that (i) I have read and understand the information provided at the NIUAA website and in the trip brochure about the Program and (ii) I desire to participate in the travel program referenced above (the “**Program**”) facilitated by the Alumni Association Travel Program LLC (“AATP”).

As part of my consent, I understand, acknowledge, and voluntarily agree that AATP does not conduct the tours and does not act as agent for any participants interested in the Program. AATP acts solely as a facilitator with independent tour operators, with whom tour participants directly make arrangements for completing travel. As a courtesy only, AATP acts as a liaison with tour operators should you have any questions or concerns that may arise before, during or after your tour. AATP strongly encourages you to familiarize yourself thoroughly with all the tour operator’s terms and conditions, including without limitation, their cancellation and refund policies. AATP strongly encourages you to investigate all available insurance options from third parties. AATP and its affiliates, related entities, officers, directors, attorneys, trustees, beneficiaries, insurers, employees, managers, members, volunteers, students, agents, other representatives, predecessors, successors and assigns are not responsible for any changes to trips or travel arrangements, or for any monetary losses or additional expenses of any kind arising out of or related in any way to your travel.

AATP does not own or operate any entity which provides goods or services for this program. AATP does not act as agent for the independent suppliers of travel conveyance, transport, accommodations, or any other travel related services. All such persons or entities are independent contractors. As a result, AATP is not liable for any negligent, intentional, or willful act by any such person or entity. In addition and without limitation, AATP is not responsible for any delays, delayed departure or arrival, missed carrier connections, loss, death, damage or injury to person or property, or any accident, mechanical defect, failure or negligence of any nature whatsoever arising out of or related in any way to any accommodations, transportation or other services, or for any substitution of hotels or of common carrier equipment, with or without notice, or for any additional expenses that may be incurred. AATP, in its sole and exclusive discretion reserves the right to withdraw its affiliation with any individual tour operator should conditions warrant.

**TOUR OPERATOR:** The tour operator, supplier of services, or their respective affiliates, officers, directors, trustees, employees, agents or other representatives (collectively “Tour Operator”) shall not be responsible for or become liable for any delay incurred by any person in connection with any means of transportation, for any loss, damage or injury to person or property by reason of any event beyond their control or occurring without their fault or negligence.

The Tour Operator reserves the right to:

1. Substitute the airline to be used; the type of aircraft; and to alter the dates of the tour; the tour routing; or to cancel the trip if a minimum number of bookings is not reached for either the air or land portion of this itinerary.
2. Substitute hotels for other hotels in available categories.
3. Decline to accept or to retain at any time any person as a participant on any tour or to cancel any tour. \

**NO REFUNDS:** No refund will be made for voluntary absence from the tour unless arrangements are made at the time of booking. The schedules contained herein are subject to change without notice. All rates are based on current Tariff and Exchange rates in effect at the time of the printing of this itinerary and are subject to adjustment

without prior notification in the event of changes therein or in changes in the number of participants on which the rates are based.

**NO TRAVEL CARRIER LIABILITY:** The travel carriers involved in this Program are not responsible for any act, omission or event during the time passengers are not on board their plane or other conveyance. The passage contract in use by any travel carrier, when issued, shall constitute the sole contract between the travel carrier and the purchaser of this Program tour.

**NO LIABILITY:** By participating in this Program, you understand and agree that the AATP and its affiliates, related entities, officers, directors, attorneys, trustees, beneficiaries, insurers, employees, managers, members, volunteers, students, agents, other representatives, predecessors, successors and assigns are not responsible for any liabilities, claims, causes of action, damages, fees, costs, and expenses of any kind relating to any tour cancellation, tour interruption and/or delay; baggage loss, theft, damage, or delay; accident and/or sickness medical expenses, accidental death; and worldwide emergency medical evacuation and assistance arising out of or in any way related to this Program.

**INSURANCE:** I understand and have reviewed the tour operator's cancellation and refund policies and other terms and conditions and have investigated available insurance options from third parties. I have also received information that the travel insurance can be purchased through USI Travel Insurance Services. This insurance is designed to cover medical expense, medical evacuation, baggage and personal effects loss, and accidental death coverage, as well as emergency assistance. I understand that I must contact USI Travel Insurance Services directly to obtain such insurance.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** With full knowledge and understanding of the risks described above, and in consideration of being permitted to travel independently, I voluntarily and willingly agree to release, covenant not to sue, discharge, hold harmless, defend and indemnify the AATP, and its respective affiliates, related entities, officers, directors, attorneys, trustees, beneficiaries, insurers, employees, managers, members, volunteers, students, agents, other representatives, predecessors, successors and assigns from and against any and all liabilities, claims, causes of action, damages, fees, costs, and expenses of any kind that I, my parents or legal guardian, my beneficiaries, assigns, heirs, and estate may have resulting from or relating in any way to my decision to participate in this Program.

**RELEASE OF TRAVEL REQUIREMENTS:** I assume complete and full responsibility for, and hereby release AATP and the tour operator from, any duty of checking and verifying any and all passport, visa, vaccination, or other entry requirements of my travel destinations, and all safety and security conditions of such destinations, during the entirety of my travel.

**GOVERNING LAW/VENUE/MISCELLANEOUS:** This Consent and Release shall be governed by the laws of the State of Illinois, without regard to its conflict of law principals. Illinois state or federal courts located in Chicago shall be the sole and exclusive forum for any lawsuits filed under or incident to this Consent and Release, the tour, the Program, or my election to continue to travel independently. If any portion of this Consent and Release is held invalid, the rest of the document shall continue in full force and effect.

**FINAL PAYMENT:** I accept the conditions above in making this application for the Program. I will make a final payment before July 29, 2022. If I am unable to participate in this Program, I will notify the AATP in writing immediately, and I will assume responsibility for reimbursing the AATP for any monies deposited on my behalf, which are non-recoverable. Furthermore, if I withdraw from the Program after July 29, 2022, I understand, acknowledge, and voluntarily agree that no portion of my payment to the AATP will be refunded to me and that I will incur penalties from my cancellation.

**CERTIFICATION:** In submitting this application, I certify that I do not have any physical or mental medical or other condition or disability, which will keep me from functioning independently during the Program, including in the foreign country(-ies) in which the activities of this Program will take place. I further understand, acknowledge and voluntarily agreed that AATP and the tour operator reserves the right to decline to accept or to retain me or any other

person as a member of the Program should my or such other person's health, actions or general department impede the operation of the Program or the right or welfare of the other participants. No refund will be made for the unused portion of any Program.

**SIGNATURE:** I indicate by my signature below that I have read, understand, and have voluntarily signed this Consent and Release. No other representations, statements, or inducements, oral or written, have been made to me.

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Signature

Printed Signature

Date

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For travelers under age 18 years old, his/her parent or guardian sign below:

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Parent or Guardian's Signature

Parent or Guardian Name (Printed)

Date