

Distant Journeys, INC

TERMS AND CONDITIONS

Please read and complete all Registration Forms:

Terms and Conditions, Registration, Medical Questionnaire and Covid-19 Release Assumption of Risk is a separate pdf. Please sign and return.

Return to: Distant Journeys, P.O. Box 1211, Camden, ME 04843

journeys@distantjourneys.com; fax: 1-207-536-6569; www.distantjourneys.com

Reservations: Receipt by Distant Journeys, Inc. of a \$500 deposit with your completed Registration Forms will reserve a space on your requested trip, pending availability. For Self-Guided trips, your \$500 per-person deposit is **non-refundable**. Upon payment of the deposit, participants agree to be bound by the Terms and Conditions set forth herein.

You may **book your trip** online through our [Reserve Your Spot](#) link, or by giving us a call at 1-888-845-5781. If you are booking a self-guided hike please contact prior to making a deposit. We accept MasterCard, Visa, AMEX or personal checks.

As confirmation of receipt of your deposit, we will send you a comprehensive packet of information pertaining to your trip including travel information, packing list, travel insurance information, invoice for final payment. Terms and Conditions, Registration, Risk Release Agreement, Medical Questionnaire, Covid-19 Release will be **emailed** when we receive your deposit. There is also a link to the required forms on our website.

Returning trip participants will receive a 5% discount on most **guided** trips. **Self-guided** trips are not eligible for the discount.

Payment in full for our trips is due 90 days prior to departure. When registering less than 90 days prior to departure, full payment is due upon registration.

Final trip information including travel details, accommodations list, rendezvous information, and other related information will be sent **once final payment and all forms have been received** and no later than 30 days before trip departure.

TRIPS COSTS

The amount paid to Distant Journeys, Inc. to participate in a trip is referred to as the **"Land Cost"**. The Land Cost for all our trips printed in our itineraries and catalog are based on exchange rates and tariffs at the time of publication. Due to fluctuations in currencies and costs of services, Distant Journeys, Inc. reserves the right to increase the published Land Cost. Although we will do everything reasonably possible to avoid any increases,

in the rare event we do increase the Land Cost for a trip, you will be contacted prior to the due date of your final payment and notified of the increase.

Included in the Land Cost: Unless otherwise indicated in the specific itinerary for a trip, the Land Cost includes all sleeping accommodations, all breakfasts, most dinners, guides (except for self-guided trips), all ski lifts, cable cars, train, and bus transfers as specified in detailed itineraries.

Not included in the Land Cost: Unless otherwise indicated in the specific itinerary for a trip, the Land Cost does not include international airfare, travel to and from the starting point, passport, visas, airport taxes, medical costs, costs of evacuation from remote areas, individual/optional trains, buses, lifts, or excursions, lunches, beverages, tips to guides or leaders, certain meals as specified in detailed itineraries, items not on the set dinner menus, or personal services and items.

Single Supplement: Accommodations in hotels are based on double occupancy. There are a limited number of single rooms available in the hotels at a supplemental charge. This extra charge simply pays for a private room, not better accommodations.

- **Guided Trips:** If you are traveling alone and would like single accommodations where possible, a single supplement charge will be applied. If you are traveling alone and wish to share a room, we will assign you a roommate. If there is no one with whom you can share, in some cases there **is** an extra charge for a forced single room.
- **Self-Guided Trips:** If there is an "odd person out" within a self-guided hiking group and he/she is willing to share a room, we will try to arrange for triple rooms, otherwise the single person cost will apply.

Although our trip itineraries have been carefully planned, reasonable changes and substitutions in the itinerary may be made where deemed necessary for the comfort, safety, and well-being of the participants. Any resulting increase in cost will be the sole responsibility of the participant.

CANCELLATIONS & REFUNDS

Should you find it necessary to cancel, a cancellation fee will be charged based on the date we receive written notice from you of the cancellation.

Guided Trips:

- *Over 90 days prior to departure - \$250 cancellation fee*
- *90 to 45 days prior to departure – 50% of Land Cost*
- *Less than 45 days prior to departure or failure to show – no refund*

Self-Guided Trips:

- *Over 90 days prior to departure – forfeit of deposit*
- *90 – 45 days prior to departure – 50% of Land Cost*
- *Less than 45 days prior to departure or failure to show – no refund*

There will be no refunds or credits for unused portions or uncompleted trips for any reason.

PLEASE NOTE: A few of our trips, including self-guided trips, have *deposits, payment schedules, and cancellation fees* that are **more stringent**. These exceptions are **clearly** indicated in individual detailed itineraries for each trip, please read the details carefully.

Distant Journeys, Inc. reserves the right to cancel any trip prior to departure for any reason whatsoever, including insufficient registrations. Generally, a cancellation would be made more than **45 days** prior to the departure date. If we find it necessary to cancel a trip, all payments made to Distant Journeys, Inc. will be refunded immediately. However, Distant Journeys, Inc. shall not be responsible or liable for other expenses incurred by the participant as a result of such a cancellation.

TRAVEL INSURANCE

We strongly recommend you purchase travel insurance covering trip cancellation, trip interruption, baggage loss, and accident/life. In the event you find it necessary to cancel either prior to or during a trip due to injury, personal or family illness, or emergencies, travel insurance will usually reimburse non-refundable airfares and non-refundable land cost. It can also cover the costs of emergency evacuations from remote areas. It is possible to purchase travel insurance policies through most insurance agencies and travel agencies. Distant Journeys, Inc. provides information about travel insurance companies, but makes no representations with respect to what is covered, applicable deductibles, and limits of coverage, etc. Be sure to confirm, directly with the insurance company, the details about the

insurance you are considering purchasing in connection with one of our trips (i.e., coverage, applicable deductibles, exclusions, and limits of coverage, etc.).

HEALTH INSURANCE & MEDICAL INFORMATION

Due to the physically demanding nature of our trips, Distant Journeys, Inc. requires that you have medical/health insurance coverage while participating on one of our trips. It is possible that you already have medical/health insurance that will cover you while you are abroad, but it is your responsibility to find out if you are covered in advance of the departure date.

All trip participants need to understand that there are places on trips where medical services are not, or may not be, immediately available. We require that each participant accurately and fully complete and provide the Medical Questionnaire at the time of registration and update the information immediately if it should change prior to the date of the trip. For guided trips, a copy of Medical Questionnaire will be provided to our guides for use in the event of a medical situation or emergency. For all trips, especially self-guided trips, we recommend you have a copy of your Medical Questionnaire with you at all times for reference in the event of a medical situation or emergency.

TRIP DIFFICULTY

Trip difficulty is noted in the specific itineraries. All trips are planned for a pace that allows time for sight-seeing and rest stops. However, participants must be in a physical and medical condition appropriate for the trip. Most of our hiking and walking trips take place between 1,000' and 9,000'. We are happy to discuss the level of difficulty and provide you with names of past participants who can share their experiences with you.

Easy: Hike an average of 3 to 4 hours daily carrying a daypack on generally gentle terrain. Distances from 4 to 8 miles. Elevation gain and loss 500' to 1,500'.

Moderate: Hike an average of 4 to 5 hours daily on varied terrain. Distances from 5 to 9 miles. Elevation gain and loss generally 1,500'- 2,500' over about 2 hours.

Strenuous: Hike an average of 5 to 7 hours daily on varied terrain, with consistent ascents and descents of 2 to 3 or more hours generally 2,500'- 3,500'. Distances from 6 to 11 miles. There are some sections that include steep uphill and downhill. (continued)

Strenuous Plus: Hike an average of 5 to 8 hours partly on rocky, challenging terrain with consistent steep ascents and descents of 2 to 3 or more hours generally 3,000'-5,000'. Distances from 6 to 15 miles. Though each day is not strenuous plus there are some sections

that may include rough terrain and open and exposed trails.

RESPONSIBILITIES OF TRIP PARTICIPANTS

Trip participants are responsible for selecting trips that are appropriate for the participant's abilities, physical and medical condition, and interests. Trip participants are responsible for 1) studying and understanding the trip conditions as described by the trip itinerary and all supplemental information supplied by Distant Journeys, Inc., 2) knowing the participant's own physical and medical condition with respect to the advisability of participating in the chosen trip, 3) bringing appropriate and adequate clothing, equipment, medications, and first aid supplies, and 4) acting in a respectful and safe manner and in accordance with the accepted local customs of foreign countries visited.

When travelling abroad, it is extremely important that participants understand that they will be subject to the laws of the particular countries visited.

Distant Journeys, Inc. reserves the right to decline or cancel the participation of any participant whose condition or conduct it deems to be detrimental to or compromises the safety or interests of the individual or the group as a whole.

INDEPENDENT SERVICE PROVIDERS

With respect to other companies, entities, individuals, associations, vendors, contractors and suppliers who are hired by Distant Journeys, Inc. to provide transportation, accommodations, food and other trip-related services for trip participants (referred to as "independent service providers"), Distant Journeys, Inc. does not assume, directly or indirectly, and hereby disclaims, any and all liability for delay, mishap, expense, inconvenience, irregularity, damage, bodily injury or death to person or property caused by the conduct or negligence of said independent service providers.

Please keep this section for your files.

Distant Journeys, INC

REGISTRATION

Your Full Name: _____ Preferred Name: _____

Name of Trip: _____ Date of Trip: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

Email Address(es): _____

Passport Number: _____ Place of Issue: _____

Date of Issue: _____ Date of Expiration: _____ Citizenship: _____

Gender: _____ DOB: _____ Occupation (optional): _____

How did you first hear about Distant Journeys? _____

Have you travelled with Distant Journeys before, if so which trip(s): _____

Please list your prior hiking/walking experience or other significant outdoor experiences.

I will share a room, please match me with a roommate: _____; I would like a single room at an extra cost: _____.

I am traveling with _____ and we prefer two beds _____ **OR** a double bed: _____.

Note: Double beds are not always available, and there are no private rooms available in the refuges. Please see your trip itinerary for specific accommodations details.

In Case of Emergency please notify: _____ Relation: _____

Phone: _____ Address: _____ Email: _____

Name of Medical Insurance Company: _____

Phone Number of Insurance Company: _____

We **strongly** urge all participants to purchase travel/trip cancellation insurance and, if necessary, medical insurance. Please check one.

_____ Yes, I plan to purchase travel/trip cancellation insurance.

_____ No, I do **not** plan to purchase travel/trip cancellation. I have read and understand the Terms and Conditions.

PAYMENT DETAILS

You may make deposits and payments online at www.distantjourneys.com or complete the information below.

Enclosed is a check for \$ _____ I plan to call with credit card details: _____

Please charge my credit card: \$ _____ Name on the card: _____

Card Number: _____ Exp. Date: _____ 3- or 4-digit code: _____

Please enter your billing address **only if it is different** than your mailing address.

Address: _____ City: _____ State: _____ Zip: _____

Signature _____ Date: _____

(Signature is only required if you include credit card information above)

PHOTO RELEASE

____ Yes, I give Distant Journeys, Inc. permission to use any image in which I may appear for publications in digital or print format and for any promotional materials.

____ No, I do not give Distant Journeys, Inc. permission to use any image in which I may appear for publications in digital or print format and for any promotional materials.

Signature of Participant _____ Date _____

Please send a **Distant Journeys** Catalog to my friend(s)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Distant Journeys, Inc

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journeys@distantjourneys.com • www.distantjourneys.com

Our policy: we do not sell, rent, or donate our mailing list.

Distant Journeys, INC

MEDICAL QUESTIONNAIRE

Given the physical nature of the trips offered by Distant Journeys, Inc. and the remoteness of some of the areas where we travel during our trips, this medical questionnaire is an important part of ensuring as safe an experience as possible. All information is confidential. If there are any changes to the information you provide below prior to the date of the trip, you must provide a new, updated medical questionnaire as soon as possible.

If we have any questions or concerns, we will contact you. If, based on your medical information and condition, we feel it is not in your best interest to participate, we reserve the right to decline or cancel your participation on a trip. Under such circumstances, if we have received any payment of the land cost, we will refund all payments in full. We cannot, however, refund or give credit for any expenses you may have incurred preparing for the trip.

Name: _____ What is your general state of health? _____

Trip and date: _____ Height: _____ Weight: _____ Age: _____

Do you have any of the following? Check all that apply: Asthma _____ Angina _____ Diabetes _____ Drug Reaction _____

High Blood Pressure _____ Heart Murmur _____ Arrhythmia _____ Heart Attack _____ Headaches, Dizziness, Fainting _____

Frostbite/Reaction to Cold _____ Reaction to Heat _____ Vision or hearing issues _____ Epilepsy _____ Pregnant _____

Other Concerns: _____

Please describe any problems checked above, using additional pages if necessary:

Please list all medications you currently take including prescription and non-prescription, dosage amount, and frequency and the purpose/reason for taking: _____

Which medications, if any, do you plan to bring with you on the trip? _____

Do you have any Allergies? _____ Type of Allergy (medicine, environmental, food): _____

Allergen: _____ Reaction: _____

Last reaction: _____ Comments: _____

Have you experienced reactions to bee stings? _____ If checked do you carry a bee sting kit/EpiPen? _____

List all serious illness, injuries, surgeries, and hospitalizations. Describe and give approximate dates:

Do you have any dietary restrictions or concerns? If so, please describe: _____

Do you have any other conditions we should know about? _____

I have read the trip descriptions carefully and fully understand the elements involved. The information above is a complete and accurate statement of the physical factors which may affect my participation on a trip with Distant Journeys, Inc. I realize failure to disclose such information could result in serious harm to myself or my fellow participants and agree to indemnify and hold Distant Journeys, Inc. harmless if relevant information is not disclosed.

Participants signature – required

Date - required

Distant Journeys, INC

PARTICIPANT ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION AGREEMENT

COVID-19 ADDENDUM

I understand that the World Health Organization has declared the novel coronavirus, also known as COVID-19 (“the novel coronavirus”), an endemic and that the virus remains active worldwide including in the destination to which I am traveling. I understand that the novel coronavirus is believed to be spread by person-to-person contact, which includes touching a surface that has been contaminated by an infected person. I also understand that someone, e.g., another participant, a tour leader or guide, or other third party could have the novel coronavirus but not show symptoms. I understand that Distant Journeys, Inc., their associates, and service providers have taken steps to reduce the spread of the novel coronavirus, but cannot guarantee that I will not become infected with the novel coronavirus. Further, I understand that while participating in trips, guided and self-guided, organized and arranged by Distant Journeys, Inc., I may be exposed or become infected. I understand that the risks relating to the novel coronavirus, including contracting the virus, are inherent to my trip, and I assume those risks.

Signature of Participant _____ Date _____

Print Name _____

Parent's or Guardian's Additional Indemnification (Must be completed for participants under the age of 18.)

In consideration of the minor named below being permitted by Distant Journeys, Inc. to participate in the trip, I further agree to indemnify and hold Distant Journeys, Inc. harmless from any and all claims which are brought by, or on behalf of the minor, or by third parties as a result of the activities of the minor during the trip.

Signature of Parent/ Guardian _____

Name of Minor _____

Print Name _____ Date _____