

Registration for 2012 Chamonix and/or Morocco Adventures

- Chamonix ski week - March 9 to 17, 2012
- Morocco one week extension - March 17 to 25, 2012
- Morocco two weeks extension - March 17 to 31, 2012
- Morocco two weeks only - March 17 to 31, 2012



Name AS IT APPEARS ON PASSPORT: _____

Name to use on Tour Badge: _____ Sex: Female: Male:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell (if applicable): _____

Occupation (if retired, occupation before retirement): _____

Email: _____

Ski Club or FWSA Direct Member: _____

(You must be affiliated with FWSA. Go to FWSA.org for more information on Direct Membership)

FWSA Council (circle one): *Arizona, Bay Area, Central, Inland, Intermountain, L.A., New Mexico, Northwest, Orange, San Diego, Sierra*

Emergency Contact (Must not be on the trip):

Name: _____ Relationship: _____

Contact phone: (____) _____ Cell or work number, if applicable: (____) _____

Room Type: (All rooms are non-smoking)

- Couple in double bed in single beds
- Single room (No roommate). Subject to single room Supplement
- Have roommate. Their name: _____
- Roommate wanted. If a roommate is not found, you may be subject to single supplement payment.
- Room upgrade desired if available: _____

Roundtrip flight USA airport: SFO LAX Other _____

Participants are advised that the FWSA trip package does not include travel insurance and you should purchase your own travel insurance. Holidayze Ski Tours at www.holidayze.com offers trip cancellation/interruption insurance.

Send a (1) **registration form**, (with on backside) **signed waiver**, (2) **trip conduct code** and a copy of your (3) **passport**

TO: FWSA International Travel, 901 Sousa Drive, Walnut Creek, CA 94597

You must renew your passport if it expires before 10/1/2012. You do not have to send a copy if you sent us one in the past

The information you provide is for the exclusive use of FWSA and will not be sold for solicitation

FWSA Chamonix Ski Week & Morocco Adventure Trip

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration of my participation in the Far West Ski Association (FWSA) Chamonix, March 9 to 17, 2012 ski trip, the optional/or only Morocco Adventure trips March 17 to 25 or 31, 2012. I hereby agree, acknowledge and appreciate that:

- I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the FWSA, FWSA Officers and Directors, FWSA participants, or any subdivision of FWSA which are Councils and Clubs, here in referred to as releasees.
- To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
- By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement. FWSA is not responsible for trip information typographical errors.
- This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.
- This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assignees and representatives in the event of my death or incapacity.
- This Waiver and Release Agreement is applicable to each and every day that I participate in FWSA travel. FWSA retains the right to decline to accept any travel participants at any time.
- Trip participants understand and agree that travel involves the risk of delays, inconveniences, thefts, terrorism, crimes and mechanical problems, as well as the risk of injuries and other personal losses. Participants and their families understand and agree that such risks, and "Act of God" or other actions taken by governments or other civil authorities, or common carriers that would impede FWSA's delivering any or all of the contracted services, are not within FWSA's control, and agree that it will not hold FWSA responsible for any harm, injury or inconvenience relating to such risks or events.
- Each trip participant acknowledges that they are responsible for travel and accident insurance, not only for their potential personal problems but also should an agent or vendor fail to perform for any reason beyond the control of FWSA and money paid them cannot be retrieved.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH SPORT, VENUE USE AND RELATED ACTIVITIES.

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with (FWSA) Chamonix ski trip, Morocco extensions or Morocco only, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. **Inherent hazards and risks include but are not limited to:**

- Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
- Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
- I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
- Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
- My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
- Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
- Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
- Accidents or illness occurring in remote places where there are no available medical facilities.
- Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
- Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

***I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT; I FULLY UNDERSTAND ITS TERMS; I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT; AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant

Name of Participant (Please Print)

Date

FOR PARTICIPANTS OF MINORITY AGE (under the age of eighteen at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and the next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I consent to allow medical treatment in the event of an emergency.

Signature of Parent or adult legal Guardian, and by their signature, they on my behalf release all claims that both they and I have

Name of Parent or adult legal Guardian (Please Print)

Date

TRAVEL INSURED^{Intl.}

HOLIDAZE SKI TOURS[®]

GROUP TRAVEL INSURANCE

DELUXE PLAN

Benefit	Limit
Trip Cancellation*	Trip Cost**
Trip Interruption*	150% Trip Cost**
Trip Delay (6 hours)	\$750 (\$150/day)
Baggage/Personal Effects (\$250 limit per article, \$500 combined limit for valuables.)	\$1,500
Baggage Delay (24 hour)	\$400
Emergency Accident/Sickness Medical Expense	\$50,000
Emergency Evacuation/Repatriation of Remains	\$250,000
24 Hour Accidental Death & Dismemberment	\$25,000
Optional Cancel For Any Reason (Not available to residents of WA)	75% of Non-refundable Trip Cost, cancellation must be 2 or more days prior to scheduled departure***

All benefits are Excess, except Accidental Death & Dismemberment

* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

** Up to the Trip Cost insured, up to a maximum of \$10,000 per person

*** Optional Coverage can be selected for individual participants or entire group provided the plan is purchased within 14 days of initial trip deposit and the appropriate additional premium is paid.

Purchase Prior to Final Payment for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased prior to your final payment for the trip, for the full non-refundable cost of the trip and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium.

Contact your travel supplier today to purchase the Travel Insured Group Deluxe Protection Plan!

Coverage is underwritten by Arch Insurance Company (a MO corporation, NAIC #11150). Executive offices are located at 300 Plaza Three, Jersey City, NJ 07311. Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language. This document contains highlights of the plan. You will be provided with a full description of coverage, conditions and exclusions when you purchase your plan. Please note: Residents of Washington State will receive a separate description of coverage in compliance with state requirements.

Trip Cancellation/Trip Interruption: The Insurer will pay a benefit, up to the maximum shown on the Schedule of Coverage and Services, if You are prevented from taking or continuing Your covered Trip due to the following Unforeseen events:

- a) Sickness, Accidental Injury, or death of You, Your Traveling Companion, or a Family Member or Business Partner of You or Your Traveling Companion which results in medically imposed restrictions as certified by a Physician at the time of loss, preventing Your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
- b) Strike that causes complete cessation of services for at least 24 consecutive hours.
- c) Weather which causes complete cessation of services of Your Common Carrier for at least 24 consecutive hours.
- d) You or Your Traveling Companion are terminated or laid off from employment subject to three years of continuous employment at the place of employment where terminated.
- e) You or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed or required to appear as a witness in a legal action, provided You or a Traveling Companion are not a party to the legal action or appearing as a law enforcement officer, the victim of felonious assault within 10 days of departure; or having Your principal place of residence made uninhabitable by fire, flood, or other Natural Disaster; or burglary of Your principal place of residence within 10 days of departure.
- f) Bankruptcy or Default of Your Travel Supplier which occurs more than 14 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the travel agent or Travel Supplier that solicited this protection plan and from whom You purchased Your Land/Sea Arrangements. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination. You must purchase Your plan within 14 days of Your initial Trip deposit.
- g) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within the territorial limits of the City listed on Your itinerary. The Terrorist Attack must occur after the Effective Date of Your Trip Cancellation coverage.
- h) You or Your Traveling Companion who are military personnel, and are called to emergency duty for a disaster other than war or are called to active military duty, have their leave revoked or are reassigned for reasons other than war.
- i) You or Your Traveling Companion being directly involved in a traffic Accident substantiated by a police report, while en route to departure.
- j) The death or hospitalization of Your Host at Destination.
- k) Natural Disaster at the site of Your destination which renders Your destination accommodations uninhabitable.
- l) Your normal pregnancy or attending the childbirth of Your Family Member. The pregnancy must occur after the Plan Effective Date and be verified by medical records.
- m) The primary or secondary school where You or Your Dependent Children attend must extend operating session beyond the pre-defined school year, due to Unforeseen events commencing during Your plan effective period and the travel dates for Your Trip fall within the period of the school year extension. Extensions due to extra-curricular or athletic events are not covered.
- n) Mandatory evacuation ordered by local authorities at Your destination due to hurricane or other Natural Disaster. You must have 50% or less of Your Trip remaining at the time the mandatory evacuation ends, in order for this benefit to be payable.

All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible.

Trip Delay: The Insurer will reimburse You for covered expenses on a one time basis, up to the maximum shown in the Schedule of Coverage and Services, if You are delayed en route to or from the covered Trip for 6 or more hours due to a covered reason.

Baggage/Personal Effects: The Insurer will reimburse You up to the maximum shown on the Schedule of Coverage and Services for loss, theft, or damage to Baggage and Personal Effects. The Insurer will pay the lesser of the following: Actual Cash Value at the time of the loss, less depreciation as determined by the Insurer, or the cost of repair or replacement.

Emergency Accident and Sickness Medical Expense: The Insurer will pay benefits up to the maximum shown on the Schedule of Coverage and Services, if You incur Covered Medical Expenses for Emergency Medical Treatment as a result of an Accidental Injury which occurs on the covered Trip or a Sickness which first manifests itself during the covered Trip.

Emergency Medical Evacuation: The Insurer will pay, subject to the limitations set out herein, up to the maximum shown on the Schedule of Benefits, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants the Insured's Emergency Evacuation while on a Trip.

Accidental Death & Dismemberment: If You sustain an Injury while on the Trip, which results in loss of life; actual severance of limb; or entire and irrecoverable loss of: eyesight, speech, or hearing; within 180- days of the date of the Accident, the Insurer will pay the largest applicable amount, up to the maximum shown on the Schedule of Benefits.

Cancel For Any Reason Protection: *Optional Coverage applies only when requested on the application and the appropriate additional plan cost has been paid. Not available for residents of Washington State.* If You purchase the Cancel For Any Reason protection and You cancel Your Trip for any reason not otherwise covered by this plan, the Insurer will reimburse You for up to 75% of the prepaid, forfeited, non-refundable payments or deposits You paid for Your Trip provided You cancel Your Trip more than two (2) days prior to Your Scheduled Departure Date.

YOU MUST BE A U.S. RESIDENT OR U.S. CITIZEN TO PURCHASE

Group Name: _____
 Agency Account: # _____
 Name: _____
 Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Departure Date: _____ Return Date: _____
 Date of Birth: _____
 Initial Trip Deposit Date: _____
 Destination: _____
 Beneficiary: _____

List only those members traveling with you and for whom you are purchasing travel protection. Please note: Protect the full non-refundable cost of Your trip. Select the rate based on the premium rate according to the Trip Cost.

	Name	Date Of Birth	Fill in trip cost	Select and fill in the plan rate
Purchaser				
#2				
#3				
#4				
#5				

Calculate additional costs for trips over 30 days:

of days over 30 _____ x # of travelers _____ x \$4 = _____

Maximum trip length is 180 days.

Subtotal for this section: _____

Trip Cost	Rate
\$ 500 - \$1,000	\$85
\$ 1,001 - \$1,500	\$100
\$ 1,501 - \$2,000	\$115
\$ 2,001 - \$2,500	\$130
\$ 2,501 - \$3,000	\$145
\$ 3,001 - \$3,500	\$160
\$ 3,501 - \$4,000	\$175
\$ 4,001 - \$4,500	\$190
\$ 4,501 - \$5,000	\$210
\$ 5,001 - \$5,500	\$225
\$ 5,501 - \$6,000	\$240
\$ 6,001 - \$6,500	\$255
\$ 6,501 - \$7,000	\$270
\$ 7,001 - \$7,500	\$295
\$ 7,501 - \$8,000	\$310
\$ 8,001 - \$8,500	\$325
\$ 8,501 - \$9,000	\$340
\$ 9,001 - \$9,500	\$365
\$ 9,501 - \$10,000	\$380

Optional Coverage -

III - Cancel for Any Reason:

_____ x .5 x _____ = _____
Base Plan Cost # adult travelers Total

(Cancel for Any Reason is not available for a \$0 Trip Cost Plan)

TOTAL for all Sections: _____

Please make checks payable to: **Holidaze Ski Tours**
 send to: 810 Belmar Plaza, Belmar, NJ 07719

If you plan to pay by credit card you may request a credit card authorization form from Holidaze Ski Tours. Please note that a 3% surcharge will apply to all credit card charges.

A full Description of Coverage will be provided by Holidaze Ski Tours by request at the time of payment.



Travel Insured International, Inc.[®]
 P.O. Box 280568, 52-S Oakland Ave, East Hartford, CT 06128-0568
 P: 800-243-3174 F: 860-528-8005
 info@travelinsured.com www.travelinsured.com