

Celtic Quilt Journeys, LLC

Worldwide Quilt & Textile Tours
www.celticquilttours.com

TRAVELER REGISTRATION FORM 2025 Vienna, Brno & Prague Quilt & Textile Tour April 18 – May 1, 2025

Full Name:

exactly as appears on your passport

First

middle

Last

Name for your Name Tag:

**Roommate Name:
(or SINGLE)**

Passport #:

Expiry Date:

Month/Day/Year

Date of Birth:

Telephone #:

Mobile phone

Month/Day/Year

Email address:

Mailing Address:

street, city, state/province, zip code/postal code

Credit Card #:

Expiry date:

Cardholder Name:

CVC:

Card Address:

If different than above:

Emergency contact names and phone numbers (not traveling with you):

<i>Name</i>	<i>Phone number</i>	<i>Relationship</i>
<i>Name</i>	<i>Phone number</i>	<i>Relationship</i>

Medical Alert/Special Considerations

Please describe the nature of the disability/special need, or indicate NONE:

1. Will you be travelling with any special equipment (e.g., walking stick, medically necessary device, etc.)? If yes, please give details. Oxygen tanks are not permitted.

YES	NO
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2. Are you able to walk/climb stairs unaided numerous times per day (~5,000-10,000 steps or 5-10 city blocks per day)?

YES	NO
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3. Do you have any dietary needs (allergies, special diet, etc.) we should be aware of to better assist you?

YES	NO
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4. COVID-19 Vaccination (please see page 4 for more information): Please provide proof of your Covid-19 Vaccine (name and date administered – date of the last dose if you received). **Please submit a photo of your vaccine records. Please submit your completed COVID-19 WAIVER (see last page).**

Vaccine Name (brand)	Date Administered
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5. Medications:

If you, will you be taking any medical prescriptions while on tour, please supply a complete list, including medication name, dosage, refrigeration, etc. Should anything untoward occur while on tour, your medication information will be provided to the appropriate authority. Attach an additional page if needed. Please update this list prior to travel.

PLEASE TYPE A LIST OR PRINT CLEARLY

Medication Name	Dosage (Amount taken)	When Taken (How often/time of day)	Refrigeration needed? (yes/no)

We will make every reasonable effort to accommodate the special needs of our passengers; however, we are not responsible for any denial of special services by hotels, lodges, restaurants, other suppliers or any additional fees charged for assistance. Escorted tours adhere to a pre-determined and unalterable timetable in conjunction with time-scheduled services provided by tour operators. The undersigned hereby indicates understanding and agreement with/to these conditions. Please note:

- Carry your prescription medication(s) in the original container
- Carry a copy of your prescription order should you need to replace any lost medication while on tour
- Carry a small supply of over-the-counter medication (Advil, cold meds, etc.)

Payment Options

Please indicate your purchase preference below (all funds in US\$ dollars)

Double Occupancy

Land Tour Package Price	\$5999.00
Land Tour Trip Insurance	\$509.92
Pre-Tour Hotel 1 night (17APR25)	\$199.50
Pre-Tour Hotel 1x Trip Insurance	\$16.96
Pre-Tour Hotel 2 nights (16 & 17 APR25)	\$399.00
Pre-Tour Hotel 2x Trip Insurance	\$33.92

Single Occupancy

Land Tour + Single Supplement	\$7609.00
Land Tour Single Trip Insurance	\$646.77
Pre-Tour Hotel Single 1 night (17APR25)	\$359.50
Pre-Tour 1x Single Trip Insurance	\$30.56
Pre-Tour 2 nights Single (16 & 17 APR25)	\$719.00
Pre-Tour Hotel Single 2x Trip Insurance	\$61.12

**TOTAL DOUBLE OCCUPANCY
LAND TOUR PURCHASE:**

\$

**TOTAL SINGLE OCCUPANCY
LAND TOUR PURCHASE:**

\$

OPTION 1: Paid in Full:

\$

DATE:

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OPTION 2: Deposit + 7 Payments*

Double Occupancy

Single Occupancy

*Insurance Premium:	\$	\$
Tour Deposit:	\$500	\$500
Total to be charged when Form submitted:		

***Monthly Payment Schedule:**

	Double Occupancy	Single Occupancy		Double Occupancy	Single Occupancy
01MAY24 Payment #1	\$600.00	\$780.00	01OCT24 Payment #6*	\$600.00	\$780.00
01JUN24 Payment #2	\$600.00	\$780.00	01NOV24 Payment #7	\$600.00	\$780.00
01JUL24 Payment #3	\$600.00	\$780.00	01DEC24 Payment #8	\$600.00	\$780.00
01AUG24 Payment #4	\$600.00	\$780.00	01JAN25 Payment #9	\$600.00	\$780.00
01SEP24 Payment #5	\$600.00	\$780.00	01FEB25 Payment #10 Balance Due	\$99.00	\$89.00
			Pre-Tour Hotel		

*Land Tour Insurance **MUST** be purchased when you submit your \$500 deposit. This will ensure that any pre-existing conditions you have will be covered should you need to cancel your tour or utilize your insurance while on tour.

*If you have arranged **Private Insurance**, please send the policy information, including policy number and contact information.

Terms and Conditions

This is a private group journey, based on a **minimum of 15 participants** to operate. Rates quoted are in US dollars, per person. Hotels are subject to change. Due to weather conditions and circumstances beyond our control, the itinerary is subject to change.

Payment Details:

All payments are made through Journeys Connect in US\$ and processed through a credit card.

Initial Deposit:

\$500 per person is required to reserve space. Full and final payment is due by **February 1, 2025**, with payment options as indicated below. All payments will be charged to the credit card on file.

Roommate Cancellation:

If you registered for a twin room (two travelers per room) and your roommate cancels, and another roommate cannot be found, you will be responsible for paying the additional "single supplement" charge. If you have purchased Trip Travel Protection insurance, this additional cost may be recoverable through your insurance policy. We strongly encourage you to purchase travel insurance for this and any other emergencies.

COVID-19 Vaccination:

After careful evaluation and consideration, we are **NO LONGER requiring COVID-19 vaccinations** for travelers joining Celtic Quilt Journeys. Our new COVID-19 vaccination policy is in line with the requirements of the majority of the international destinations we will visit. Travelers will be required to agree with and sign our Health & Safety Waiver, included in the Registration Forms.

Trip Travel Protection Insurance:

Deposits and payments are non-refundable; we strongly recommend purchase of Trip Travel Protection Insurance. Refunds will only be issued should the minimum 15 travelers not be reached.

North American Travelers: Journeys Connect offers full coverage through Trip Mate, please visit: <https://www.tripmate.com/wpR774D/tic> for complete details.

International Travelers: check with your local insurance provider regarding trip insurance.

Responsibility/Liability:

Payment of the tour package constitutes consent to all legal policies and terms and conditions described here. Neither the Operator (Journeys Connect), Tour Hosts, nor any mentioned or unmentioned subagents or affiliates shall be held responsible for any personal injury, property damage or other loss a passenger incurs on any tour arising from acts or omissions by any air carrier, public transport company, hotel, car rental company, subcontractor or other person or organization, whether such company is rendering any services supplied on the tour.

All tickets and vouchers are issued and supplied subject to the foregoing and to any and all terms and conditions under which transportation and services are provided. The Tour Operator and Tour Hosts accepts no responsibility for losses or expenses due to delay or changes in schedules, flight cancellations or misconnections due to mechanical problems, sickness, quarantine, weather, acts of God, strikes, government actions, war, terrorism, or other circumstances beyond its control. Passengers must bear all such losses or expenses.

To guard against unforeseen circumstances, we recommend you purchase the optional travel protection plan offered with each booking. The Tour Operator reserves the right to alter prices at any time prior to departure and without prior notice if circumstances so warrant. Any devaluation or revaluation of currencies may affect published price.

Traveler Signature

Date

HEALTH & SAFETY WAIVER – COVID-19

The safety and comfort of our guests has always been of paramount concern. We have worked diligently to give you the peace of mind you expect. However, there is no way to eliminate all possible risks while traveling and Celtic Quilt Journeys and Journeys Connect therefore cannot assume liability in the unlikely event you contract COVID-19. This is the reason for the necessity of the following waiver of liability:

The novel coronavirus, (herein “COVID-19) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments have recommended physical distancing, limiting group sizes in some locations and wearing face coverings.

While Celtic Quilt Journeys, Journeys Connect and our supplier partners in Europe have put in place preventative measures to reduce the spread of COVID-19, we cannot guarantee that you or your travel party will not become infected with COVID-19 while traveling. In fact, traveling could increase your risk of contracting COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 while traveling with Celtic Quilt Journeys and Journeys Connect, and that contact with the virus that causes COVID-19 may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming infected by COVID-19 on a Celtic Quilt Journeys/Journeys Connect trip may result from the actions, omissions, or negligence of yourself and others, including, but not limited to Journeys Connect employees, suppliers (and their employees) and other passengers.

You understand that you could encounter others, including but not limited to others traveling on this trip, who have COVID-19 or other infectious diseases, or who are infected with the virus that causes COVID-19 or other viruses but who exhibit no symptoms of infection or an infectious disease, which could result in your having serious medical conditions requiring medical treatment in a hospital, quarantine in a government-appointed location, and could possibly lead to death. You agree that having considered these risks, you desire to participate in the Celtic Quilt Journeys/Journeys Connect trip and you freely and voluntarily assume complete personal responsibility for the risk of exposure, illness, and death due to COVID-19, even if such injuries or death occur in a manner that is not foreseeable at the time this agreement is signed.

You acknowledge that you have been strongly advised to have comprehensive health insurance (including “travel insurance”).

You acknowledge that you are voluntarily participating in this Celtic Quilt Journeys/Journeys Connect trip with knowledge of the inherent risks of COVID-19, and you agree to assume all risks.

To the extent permitted by law, you are hereby:

- a. Assume and agree to accept any and all risks related to COVID-19 during the course of your travel with Celtic Quilt Journeys and Journeys Connect
- b. Release Celtic Quilt Journeys and Journeys Connect and its employees, officers, directors, and agents, (“the Releasees”) from any and all claims that may accordingly arise during the course of your participation in the trip.
- c. You confirm that you have adequate financial resources in case medical care is needed relating to COVID-19 and understand the inherent and potential health risks of travel during this time.

- d. This Waiver shall be binding on you, your family, your heirs, and any attorney, agent, executor, trustee, representative, or assignee to the extent permitted by law. You hereby agree to indemnify and hold harmless Celtic Quilt Journeys, Journeys Connect and the Releasees for any claims against Celtic Quilt Journeys, Journeys Connect or the Releasees by any member of your family, your heirs or assigns, your estate, your employer, or by any other person for whom or to whom you are or may be responsible, whether at law or otherwise.

I HAVE READ THIS WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I agree that if any portion is found to be void or unenforceable, the remaining portions shall remain in full force and effect. No additions, deletions or changes can be made to the release form, and signing it is a requirement for joining the trip.

Signature of Participating Traveler

Date

Print Name of Participating Traveler

Please print to a .pdf and email to Debbi Cagney – debbi@debcagney.com

Thank you!

Celtic Quilt Journeys, LLC
JourneysConnect