

Ancient Oracle Tours, Inc.

Information Form

Please fill in the appropriate information. Read and sign the release forms and return to

Demetra George, PO Box 5431, Eugene OR 97405.

You can email the other information to dgeorge@ancientoracletours.com or dharness@ancientoracletours.com

Name: _____

Tour and Dates: _____

Address: _____ City/State/Zip _____

Phone: _____ Cell Phone: _____

E-mail: _____

Medical Information

In the case of medical emergency, we will need to provide a doctor with the following:

Yes No Do you have any drug allergies?

Yes No Do you take any medicines regularly? (List prescription, over-the-counter, and homeopathies) _____

Health Insurance provider: _____ Policy ID# _____

Travel Insurance provider: _____ Contract # _____

Contact phone # abroad: _____

Emergency Notification

Name: _____

Relationship: _____

Address: _____ Phone (Home): _____

City, State, Zip: _____ Phone (Cell): _____

E-mail: _____ Phone (Work): _____

MEDICAL RELEASE

In the event of an emergency requiring medical treatment I give permission for the leaders of this event to administer needed treatment as deemed necessary. The doctor or hospital has my permission to treat _____ as deemed necessary. Please read the attached policies pertaining to the pilgrimage. Your signature verifies your agreement to follow these policies.

Signature _____ Date _____

Personal Information

Please answer the following questions. Information provided by you will be kept confidential among AOT staff and utilized solely as it relates to this form.

What are your intention and your expectations for the pilgrimage?

What teachings or events have you done with Demetra or Dennis?

Please describe your overall physical condition as it relates to the nature of this trip in regards to walking, hiking, exposure to the sun, motion sickness (car, sea, air), or food restrictions.

Please describe your emotional and mental condition as it relates to the nature of this trip in regards to depression, panic or anxiety attacks, fear of heights or crowded places.

Have you ever been to Greece, Egypt, Europe, India, or any less developed nations? Please describe.

Is there someone with whom you would like to room on the trip or are you planning on a single? Do you smoke or do you snore – this is very important in assigning you a roommate. You may be asked to consider taking a single room while en route at the additional surcharge if these habits affect the comfort of your roommate.

Do you have any special needs?

Birth Data

What is your birth data (optional)

Date of birth _____

Time of birth (am or pm) _____

Place of birth _____

Source of birth data _____

Flight Details

What are your flight details? Please be sure we have your flight details for arrival in Cairo and departure.

Arrival in Cairo (Airline, Flight Number, Day and estimated Time of Arrival in Cairo):

Departure from Cairo (Airline, Flight Number, Day and estimated Time of Departure):

Checklist

- ___ Passport
- ___ International Medical Insurance
- ___ Inoculations

How did you hear about this trip?

- ___ Brochure
- ___ Website
- ___ Friend
- ___ Ad in magazine
- ___ Tour Organizers
- ___ Conference
- ___ Other

Payment Form

Payment Amount: _____

Single Supplement: _____ (For Single Accommodations add \$695)

Extra nights in Cairo: _____ (Single or Twin)

Total Payment: _____

Dates of Payments _____

Method of payment:

- Credit Card Check PayPal

Please make your checks out to **Ancient Oracle Tours, Inc.**

Price of Tour:

Earlybird: \$2,495 (based upon double occupancy) paid in full by July 10, 2009.

Single supplement for private room: **\$695**

After 7/10/2009: \$2,795 (based upon double occupancy)

Payment Schedule

At the time of registration, a \$495 non-refundable deposit holds your place.

The balance is due by August 15, 2009-06-05

After 8/01/2009, total payment is due at the time of registration.

Mail the payment to:

Ancient Oracle Tours
Demetra George
PO Box 5431
Eugene OR 97405

Cancellation Policy

The deposit of \$495 is non-refundable.

If you have paid in full and cancel before August 15, 2009, 30% of the fee on the tour will be retained by AOT, (exclusive of deposit).

If you cancel your trip after August 15, 2008, all your monies will have left the hands of AOT. Any refunds will depend upon our agent's cancellation policy, which in turn is dependent upon their individual supplier's cancellation policy.

If you cancel your trip after September 1, 2008, 100% of the monies will be retained.

Insurance and Emergencies

All travelers should subscribe to an insurance contract for tour cancellation & medical rescue. AOT should be provided with a copy of your passport & your contract number, with references, clearly mentioning the name, policy number & contact number of your insurance abroad. This is necessary for all participants, in addition to signing the release of liability waivers. Please also indicate the name of contact person at home in case of emergency. Ask AOT for a referral concerning a policy for traveler's medical and trip cancellation insurance.

Please Note: Since participants are departing from locations all over the globe, the tour does not include the airfare to and from Cairo.

I, undersigned, Mr./Mrs./Ms..... declare to have read the general conditions & agree to it. I am aware that there are certain risks involved but I take full responsibility for this journey.

Signature: _____

Place: _____ **Date:** _____

WAIVER OF LIABILITY

Please carefully read and review this document before signing it. By signing it you may be giving up certain legal rights to sue Ancient Oracle Tours, Inc.

I, _____, in consideration for admission to activities sponsored by Ancient Oracle Tours, Inc. namely the pilgrimage to Egypt in October 1- October 7, 2009 organized by Demetra George and Dennis Harness on behalf of myself, my children, heirs, representatives, successors and assigns, hereby waive, release, and discharge Ancient Oracle Tours, Inc. its directors, trustees, officers, employees and agents and their respective heirs, successors and assigns, from any and all claims and actions for liability and damages resulting from (a) any act or omission of any kind of Ancient Oracle Tours or said persons, and (b) any condition, circumstance or event whatsoever occurring on the pilgrimage. I understand that I am personally responsible at all times for the health and safety of myself.

This means that I assume, on my own behalf, if any, all risk of injury or death due to any circumstances known or unknown during the pilgrimage including but not limited to injury or death caused by food, vehicles, plane flights, wild animals, water, and all environmental and weather conditions. I understand that there are perils involved with such a trip and I absolve Ancient Oracle Tours, Inc. from responsibility of all dangers associated with this trip.

I also understand that neither Ancient Oracle Tours, Inc. nor its staff provide trained medical assistance to guests or participants. Procedures have been established in the event of an emergency, however neither Ancient Oracle Tours, Inc. nor the persons released herein shall be liable for injury or damages resulting from following, attempting to follow, or failing to follow these procedures. I also understand that other guests or participants may offer or provide to me advice, assistance, treatment, care or aid but that they are acting on their own initiative and not under the authority or direction of Ancient Oracle Tours, Inc. or the persons released herein.

I declare that I have read and understood the contents of this Waiver of Liability and that I have signed this document of my own free will and with full understanding that I may be giving up certain legal rights to sue Ancient Oracle Tours, Inc. and the persons described above for damages due to injuries which may occur to me while on this pilgrimage to Egypt during October 1- 7, 2009. I ALSO UNDERSTAND THAT I MAY LEAVE THE TOUR WITHOUT REIMBURSEMENT AT ANY TIME.

Signature _____ Date _____