

## GOULDS TRAVEL ADVENTURE TRAVEL RELEASE FORM

I understand and agree that during the trek, tour, expedition, or other trip in which I will participate, under the arrangements of Goulds Travel ("GT") and its agents, employees, associates, affiliated companies, or subcontractors, certain risks and dangers may arise, including, but not limited to, acts of God, the hazards of traveling in unsafe or politically unstable areas or under unsafe conditions, the dangers of civil disturbances and war, the forces of nature, dangers and risks inherent in sporting activities, the negligent or reckless acts or omissions of GT, its agents, employees, officers, directors, associates, affiliated companies, or subcontractors, travel by boat, automobile, train, ship, aircraft, or other means of conveyance, and accident or illness in remote places without access to medical facilities, transportation, or means of rapid evacuation and assistance. GT shall not be responsible for any injuries, damages, or losses caused to any traveler in connection with any of the above and/or terrorist activities, social or labor unrest, mechanical or construction failures or difficulties, diseases, local laws, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside the travel agent's control. Traveler assumes complete and full responsibility for, and hereby releases GT from any duty of, checking and verifying any and all passport, visa, vaccination, or other entry requirements of each destination, and all safety or security conditions at such destinations. For information concerning possible dangers at international destinations, contact the Travel Advisory Section of the U.S. State Department, (202) 647-5335. For medical information, refer to the U.S. Centers for Disease Control (CDC), (404) 332-4559 or use their fax service at (404) 332-4565.

In consideration of, and as a part of the payment for, the right to participate in such treks, tours, expeditions, or other activities and as a part of the payment for, the services arranged for me by GT and its agents, employees, associates, affiliated companies, or subcontractors, I DO HEREBY EXPRESSLY ASSUME ALL OF THE ABOVE RISKS, including, to the extent permitted by law, the risk of negligent or reckless acts or omissions of GT, its agents, employees, officers, directors, associates, affiliated companies, or subcontractors, and I DO HEREBY EXPRESSLY AGREE TO FOREVER RELEASE, DISCHARGE AND HOLD GT and its agents, employees, officers, directors, associates, affiliated companies, and subcontractors HARMLESS against any and all liability, actions, causes of action, debts, suits, claims, and demands of any and every kind and nature whatsoever which I now have or which may hereafter arise out of or in connection with my trip or participation in any activities arranged for me by GT and its agents, employees, associates, affiliated companies, or subcontractors. THE TERMS OF THIS AGREEMENT SHALL SERVE AS A COMPLETE RELEASE AND EXPRESS ASSUMPTION OF RISK for myself, my heirs, assignees, administrators, executors, and all members of my family, including any minors accompanying me.

I HAVE READ AND FULLY UNDERSTAND THE PROVISIONS AND THE LEGAL CONSEQUENCES OF THIS RELEASE AND ASSUMPTION OF RISK, AND I HEREBY AGREE TO ALL OF ITS CONDITIONS. I ACKNOWLEDGE THAT GT HAS RECOMMENDED THAT I HAVE MY ATTORNEY REVIEW THIS RELEASE PRIOR TO MY SIGNING IT. I further agree that any legal dispute involving these travel services shall be heard only by the courts of Pinellas County, FL, U.S.A.. I acknowledge

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that in calculating the cost of the tour or trip, GT has relied on my consent to these terms and on their enforceability. In the absence of this Release, the tour/trip cost would have been higher, or, alternatively, GT would be unable to offer these services.

DATED: \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Phone Number \_\_\_\_\_

Name Printed \_\_\_\_\_

Witness \_\_\_\_\_

Phone Number \_\_\_\_\_

Name Printed \_\_\_\_\_