



WORLD AFFAIRS COUNCIL OF GREATER HOUSTON

Global Perspectives, Local Conversations

TRIP COMMITMENT FORM

New Zealand
March 5-16, 2025

Contact Information	
First Name:	
Last Name:	
Name as it appears on Passport:	
Street Address:	
City, State, Zip:	
Home phone:	
Cell Phone:	
E-mail address:	
Tour Costs	
Tour Cost:	Member \$9794 Non-Member Special* \$9994 <small>*Includes ONE year Individual Membership</small>
Single Supplement*:	\$1200 <small>*If a roommate is not indicated, and none is available, you are responsible for the single supplement fee.</small>
Airfare	<u>Not Included</u>
Visa Fee & Guide, Driver Tips	<u>Not Included</u>
Single Supplement*:	YES / NO <small>*If a roommate is not indicated, and none is available, you are responsible for the single supplement fee.</small>
Sharing a room with:	

Passport Information	
Number:	
D.O.B:	
Issued:	
Expires:	
Citizenship:	
Authority:	
Emergency Contact Information	
Name:	
Phone:	
E-mail address:	
Credit Card Information* (if not paying by check)	
Circle one: AMEX MC VISA	
Card Number:	
Name on card:	
Expiration Date:	
CVV Code (required)	

Payment Terms

By providing the *World Affairs Council of Houston* your credit card information you are authorizing the use of your credit card to make these trip payments. *Payment by Credit Card will include an additional 4% processing fee. **The Council welcomes and encourages payment by personal check.** Please attach personal check to application and mail to, or drop off at, 1235 N Loop W #1025, Houston, TX 77008.

1. The tour cost per person can increase based on the costs associated with health testing requirements in the countries that will be toured, as well as testing prior to departing the United States. It is the traveler's responsibility to cover any costs required before or at the arrival of the country/countries that require testing.
2. Deposit of \$1,000 is due with application. The deposit is **non-refundable**. Your deposit and any monies toward the trip will be completely refunded if World Affairs Council is forced to cancel the trip if it does not meet the minimum required travelers or extenuating circumstances within the destination(s) of the planned trip prevents departure.

Flight Arrangements – check one:		Notes:
I plan to book the suggested flight on my own	<input type="checkbox"/>	
I will make my own custom flight arrangements	<input type="checkbox"/>	
I plan to book the suggested flight with the assistance of the World Affairs Council.	<input type="checkbox"/>	

- Travelers not taking the group flight MUST:
1. Provide *World Affairs Council of Greater Houston* a copy of your flight itinerary at least two weeks prior to the departure date.
 2. Arrive at the destination no more than 2 hours after the rest of the group.

Health Policy Notice

Participants in any Council trip must be in good physical and psychological health and be able to keep up with the pace of the group.

Does your health allow you to:					
Travel internationally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Walk on uneven surfaces and varied terrain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Handle your own luggage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Climb up and down stairs/hills without help?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Enter and exit a motor coach easily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Walk for long distances (up to 3 hours)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List any medical conditions you have that we should be aware of:

--

List any medications you are taking:

--

List any allergies (including food allergies):

--

Primary care physician contact information

Physician's Name:	
Physician's Phone Number:	

The Council has the right to refuse the participation of any applicant if it decides that the applicant's condition is not adequate for a group tour.

Traveler Preferences and Additional Information:

This information helps us to get to know you and your travel preferences better. We will incorporate it into trip planning when possible. Thank you.

Dietary Preferences:

Regular Vegetarian Other: _____ I am allergic to: _____

Leisure Preferences:

I enjoy some leisure time I enjoy ample leisure time I prefer very little leisure time
 Other: _____

Lodging Preferences:

3-star 3-4 star 4-star 4-5star 5-star Other: _____

Preferred Touring Pace:

Fast paced Moderate Slower, more relaxed Slow with ample rest breaks

Small Group Travel Experience:

I have traveled with small groups before. This is my first small-group travel experience

If we have a few hours of leisure time available, I prefer to: (check all that apply)

Explore on my own Rest and relax at the hotel Find something more to do with group

Liability Waiver

RELEASE OF LIABILITY

"I _____ (print name) am participating in the World Affairs Council-sponsored travel to **New Zealand**. I hereby RELEASE, WAIVE, DISCHARGE AND AGREE TO HOLD HARMLESS the World Affairs Council, including any employees, agents, or representatives of the World Affairs Council or assignees or successors thereto ("Releasees"), from and against any and all liability, claims, demands, actions, or causes of action whatsoever, including but not limited to negligence, personal or bodily injury, including death, property damage, losses and expenses, other damages, or attorneys' fees, arising out of or in any way related to participation with this Trip. I am aware that there are possible risks and dangers associated with my participation in the trip.

I hereby choose to voluntarily participate in said Trip with full knowledge that said Trip may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

BY SIGNING THIS WAIVER OF LIABILITY AND RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read and understood this document, waiver of liability, and the travel information provided by the World Affairs Council. I fully agree and understand all terms and conditions incorporated into this document and waiver of liability."

Name: (Printed): _____

Signature: _____

Date: _____

I am signing to give parental consent on behalf of my son/daughter who is a minor.

Minor's Name: (Printed) _____

Signature: _____

Date: _____

Traveler Responsibilities & Expectations

- **Remain mindful and considerate of the country, cultures, and customs you experience.** It is a good idea to do some research about your destination, so you are informed about what to expect before the trip begins.
- **Be respectful of the WAC host and tour guides** who are working to make the trip run smoothly. They are not stewards and do not provide a concierge service to travelers.
- **You are expected to maintain your own luggage and personal effects** throughout the trip.
- **Do not stray off alone**, keep an eye on your personal belongings, and be aware of your surroundings in order to avoid any potentially dangerous or difficult situations.
- **Be careful to avoid injury**, especially as some trips require a higher level of physical activity. Look over the itinerary and make sure you do not have any limitations to any planned activities.
- **Be considerate of the planned schedule** and of other travelers.
- **Communicate with WAC host** about any personal concerns during the trip.

Responsibilities of the WAC host

- **Represent the World Affairs Council of Greater Houston** and its mission abroad.
- **Serve as a point of contact** between the World Affairs Council of Greater Houston, the travelers, and the tour guides.
- **Maintain and distribute tips** for all travelers when appropriate for all accrued services.
- **Be positive**, engaged, and promote the engagement of the travelers.
- **Enforce the planned schedule** while also being considerate of guests needs.
- **Maintain communication**, if available, with the WACH office throughout the duration of the trip.
- **Report all incidents immediately** to the WACH office.

I accept the above expectations and responsibilities in full and acknowledge that by traveling with the World Affairs Council of Greater Houston, I am representing this organization and its members in a positive and respectful manner.

Name: (Printed) _____

Signature: _____

Date: _____

Refund and General Travel Policy Notices

Please initial on every line to indicate your agreement to these terms (required):

	Your reservation will be confirmed upon receipt of your <u>\$1000 deposit</u> . The deposit is <u>non-refundable</u> . Your deposit will be completely refunded if the World Affairs Council is forced to cancel the trip because it does not meet the minimum required travelers or extenuating circumstances within the destination(s) of the planned trip prevents departure.
	All travel expenses are pre-paid in advance by the World Affairs Council three months prior to departure. A cancellation by you after the posted final payment date above deems the entirety of your payment <u>100% non-refundable</u> .
	Each traveler understands, agrees, and assumes any and all costs and risks associated with international travel, including those impacted by current or changing health guidelines. Each traveler understands that travel guidelines can change rapidly and agrees to abide by all international travel restrictions and guidelines.
	Travel insurance is highly recommended for each traveler. Travel insurance is a separate expense and not included or provided in this travel package. Each traveler is strongly encouraged to evaluate your own specific needs and risk comfort level. Travel insurance is not provided by World Affairs Council.
	If any traveler proves to be either slowing down the group or harmful to her/himself or to the group, the World Affairs Council has the right to terminate that traveler's expedition without any refunds.
	World Affairs Council travelers are prepared to obey and respect the laws of the United States as well as the laws of the country/countries they are visiting.
	The World Affairs Council of Houston is responsible for the arrangements and services described in their brochures. The World Affairs Council of Houston, its employees, and agents cannot be held responsible, in the absence of their own gross neglect, for events over which they have no control, nor for acts and omissions by persons, companies or agencies, including hotels, airlines, restaurants, and sea and land transportation companies or any other unnamed entities that are not directly controlled by the World Affairs Council of Houston.

Acknowledgement (required):

Please sign your initials to confirm you understand and accept each of the below statements.

 I have read, understand, and agree to the terms and conditions stated in this form and I confirm that all the information is accurate.

 I understand that Council trips often include walking tours, which last 1-3 hours at a time and are reasonably paced. I agree that my health allows me to comfortably participate in walking tours.

 I understand that a deposit of \$1000 is due with this form to confirm my reservation. The deposit is non-refundable. Your deposit and any monies toward the trip will be completely refunded if World Affairs Council is forced to cancel the trip because it does not meet the minimum required travelers or extenuating circumstances within the destination(s) of the planned trip prevents departure.

Checklist:

Please make sure that you have checked all these boxes before proceeding to sign.

- Have you submitted a color photocopy/scan of your passport?
- Have you submitted a color photocopy/scan of your health insurance card?
- Have you filled in all required fields of this trip commitment form?
- Have you acknowledged that a Single Supplement Fee is required if traveling/rooming alone?
- Have you submitted a short personal bio (2-3 sentences)? (Below)

Personal Bio: _____

I accept the above expectations and responsibilities in full and acknowledge that by traveling with the World Affairs Council of Greater Houston, I am representing this organization and its members in a positive and respectful manner. I have completed this application fully and accurately to the best of my knowledge.

Signature:	_____
Printed Name:	_____
Date:	_____

Comments – Please share anything additional you would like us to know:

Send completed *Trip Commitment Form*, a color copy of your passport, a and a color copy of your health insurance card via the following:

Email to:	travel@wachouston.org
Fax to:	713-522-7811
Mail to:	World Affairs Council of Houston 1235 N Loop W #1025 Houston, Texas 77008

HEALTH WAIVER FORM

I acknowledge that for reasons not reasonably foreseeable at this time, these travel plans may be interrupted or canceled by a government entity or other third party over which The World Affairs Council of Greater Houston has no control. Moreover, I understand that should I elect to purchase travel insurance, the terms of the policy will dictate whether, and to what extent, coverage for any financial loss may exist under the circumstances.

By signing this agreement, I acknowledge the contagious nature of airborne illnesses and the existence of other illnesses in foreign countries and voluntarily assume the risk that I may be exposed to or infected by any such illness while traveling. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with traveling with The World Affairs Council of Greater Houston.

As travel continues around the world, all destinations, governments, airports, air carriers, hotels, restaurants, transfer companies, car rental companies, shops and excursions have established health safety measures and precautions which may change from day to day. These safety measures may include, but are not limited to: curfews, attraction closings and reduced hours, size of group gatherings, social distancing requirements, health screenings, self-quarantine requirements, etc. By signing this agreement, I accept full responsibility for myself to have all the necessary provisions for travel (such as required immunizations, test results, pre-travel questionnaires, etc.).

By signing below, I hereby agree to hold harmless The World Affairs Council of Greater Houston and release the organization from any and all liability for any damages, including but not limited to monetary losses, I may incur as a result of such interruption or cancellation of these travel plans.

Signature:	
Printed Name:	
Date:	