

# 2021 RIVER CRUISING & SMALL SHIP ADVENTURES

## Terms and Conditions

Tours	Land Tour with Air* With TPP Coverage	Land Tour Only With TPP Coverage	Without TPP Coverage	Final Payment
Emerald: Rhine, Danube, Eastern Europe	\$850 Deposit per person	\$750 Deposit per person	\$400 Deposit per person	90 Days
Emerald: Sensations Lyon and Provence, Portugal and Douro River	\$869 Deposit per person	\$799 Deposit per person	\$400 Deposit per person	90 Days
Treasures of the Pharaohs	\$799 Deposit per person	\$700 Deposit per person	\$400 Deposit per person	90 Days
Emerald: Splendors of Europe, Cruising the Adriatic, Galapagos Islands, Best of China and Yangtze River	\$899 Deposit per person	\$799 Deposit per person	\$400 Deposit per person	90 Days
Imperial Charms of Russia, Majestic Mekong, Treasures & Temples of Vietnam and Cambodia	\$1,099 Deposit per person	\$999 Deposit per person	\$400 Deposit per person	90 Days
Discover Chile's Patagonia	\$999 Deposit per person	\$899 Deposit per person	\$400 Deposit per person	90 Days
Scenic: Rhine Highlights; Gems of Danube; Splendor of the Seine; Christmas Markets Cruise	\$949 Deposit per person	\$899 Deposit per person	\$400 Deposit per person	90 Days
Scenic: Jewels of Europe River Cruise	\$1,149 Deposit per person	\$1,049 Deposit per person	\$400 Deposit per person	90 Days

**Payment Information:** Listed below is a schedule of deposit and final payment due dates. You will note that the first category includes an optional Travelers Protection Plan (TPP) which is to be paid within five business days after making your reservation. Please see "Travelers Protection Plan (TPP)" section on the next page for further explanation of this benefit.

**Refund and Cancellation Policy:** Payments for land, air and cruise arrangements (less the deposit amount) will be refunded when cancellations are received prior to the final payment due date noted above. Deposits are non-refundable unless the optional Travelers Protection Plan (TPP) is purchased at the time of booking. When the optional Traveler Protection Plan is purchased and it is necessary to cancel your reservation, you will be refunded all payments, including the deposit amount, less the TPP premium. All refunds will be processed by Trip Mate, Inc. Please go to [www.tripmate.com/wpF431G](http://www.tripmate.com/wpF431G) for details on the coverage for the Traveler Protection Plan.

Should you choose not to purchase our TPP, the following per person cancellation charges will be assessed for all tours and optional excursion costs:

- 91 days or more prior to departure: Deposit Amount
- 90 days to day of departure: 100% of total tour
- No refund on unused portions of the tour

**Exclusions for the Cancellation Fee Waiver:** Mayflower Cruises & Tours reserves the right to alter its Refund and Cancellation Policy when a substantial amount of cancellation or postponement of travel is attributable to: conditions resulting from an act of God, natural or man-made disaster, fire, government action, civil disorder, war, hostilities between nations, or unavailability of transportation through no fault of Mayflower Cruises & Tours.

**Tour Price Includes:** All motorcoach transportation noted in the tour itinerary, round trip airport transfers on the tour departure and return dates (only) if air is purchased through Mayflower, services of the Tour Manager and driver, lodging, sightseeing, taxes, admissions, gratuities for bellmen and waiters for included meals, as well as Mayflower Money. Included meals are clearly noted in the touring description. Air transportation is available upon request, at additional cost for all tours.

**What is Not Included on the Tour:** The land price of your tour does not include airfare to the tour departure point; any inter-country air; airline luggage charges; items of a personal nature; meals not included on the itinerary; sightseeing attractions listed as "optional excursions" and gratuities to the full time Tour Manager, motorcoach driver, all airport skycaps, van or limo drivers, local guides or ship crew. Transfers between airport and hotel are not included unless you purchase air from Mayflower and travel on tour dates. Baggage fees assessed

by the airlines are not included in the air price if you purchased air from Mayflower Cruises & Tours.

**Airline Security Measures:** The Transportation Security Administration requires that travelers provide their name exactly to their airline as it appears on their passport to be used while traveling, along with their date of birth and gender when making reservations to fly from the U.S. When making your flight reservations through Mayflower Cruises & Tours, you will be asked for this information by our staff. Due to airline security measures, your passport must match your airline ticket name and your tour reservation name or you may be denied aircraft boarding.

**Passport & Visas:** Each U.S. citizen must have a valid passport. Expiration date of passport should be at least six months after the return date of the tour. If you don't have a passport, call our office and we'll tell you how to apply for one. Some countries require visas for entry by U.S. citizens. We will send instructions for visa applications if a visa is required for your tour. Holders of non-U.S. passports should contact their nearest consulate and inquire about the necessary passport or visa documentation required for entry into the countries visited. Visa fees and cost of obtaining a visa are not included in the tour price and are the responsibility of the traveler.

**Medical Requirements:** Many countries have immunization requirements. Some countries require foreign visitors to have valid medical insurance on entry. Requirements vary by country and can change. Please check with your travel professional or call our office for details on which tours need these requirements. Specific instructions will be sent to you at 90 days prior to departure if your tour requires these conditions. Mayflower Cruises & Tours cannot be liable for delay or denial of entry due to missing documents.

**Itinerary Changes:** There may be times when we may have to alter the scheduled itinerary, cruise vessels, hotels, shore excursions etc. due to weather conditions or conditions on the river in regards to water levels, locks, or other delays. Any changes in the itinerary due to these conditions will not result in eligibility for a refund. All itineraries are subject to change without prior notice and may need to be altered due to water level and other weather conditions.

#### Cruise:

(a) Noise, Vibration and Odor: While We take reasonable steps to minimize noise, vibrations and odors on the cruise ships, You acknowledge and accept that some noise, vibration and intermittent odors may be experienced on vessels and that We will not be liable to You in relation to any such noise, vibration or odors.

(b) Docking Position: During port stops, ships may dock side-by-side, obstructing views and requiring You to pass through other ships to embark and disembark.

# 2021 RIVER CRUISING & SMALL SHIP ADVENTURES

## Travelers Protection Plan

**Our Travelers Protection Plan consists of Pre-Departure and Post-Departure Travel Insurance Benefits. The following details apply to World Holidays that include a river cruise.**

### **TRAVEL INSURANCE BENEFITS**

The following Benefits are offered and administered by Trip Mate, Inc. Should you have to cancel your river cruise or interrupt your river cruise enroute, we offer a non-refundable Travelers Protection Plan (TPP) in our deposit schedule. If you cancel your Trip due to a covered Injury, Sickness or Death - your own or that of a Traveling Companion or Family Member - or for Other Covered Reasons, as defined, you will be reimbursed up to the Trip cost for the unused non-refundable prepaid expenses for Travel Arrangements provided by Mayflower Tours. If you interrupt your Trip due to a covered Injury, Sickness or Death - your own or that of a Traveling Companion or Family member - or for Other Covered Reasons, as defined, you will be reimbursed up to the Trip cost for the unused portion of the prepaid expenses for Travel Arrangements and/or the Additional Transportation Cost paid to return home or rejoin the Trip. This plan also provides the following travel insurance benefits. These benefits are offered and administered by Trip Mate, Inc., are underwritten by the insurance carriers listed below and are subject to the terms, conditions and exclusions of the policy:

- \$25,000 Accidental Death & Dismemberment
- \$500 Travel Delay (Up to \$100 Per Day)
- \$25,000 Medical Expense/Emergency Evacuation
- 24 Hour Worldwide Assistance Service
- \$2,000 Baggage / Travel Documents
- \$500 Baggage Delay (Up to \$100 Per Day)

Certain exclusions and limitations apply and are detailed in the Description of Coverage Brochure which will be enclosed with your deposit receipt and is also available to you, upon request, at any time prior to your purchase of the plan. For example, coverage does not apply to; suicide, normal pregnancy, war or any act of war, mental or nervous disorders. A Traveling Companion is defined as a person or persons with whom you have coordinated Travel Arrangements and intend to travel with during the Trip. Sickness or Injury must require care by a Physician and must commence while insurance is in force for you. This plan does not cover a loss that results from an illness, disease, or other condition (of you, an Immediate Family Member, Traveling Companion or Business Partner), event or circumstance which occurs at a time when this plan is not in force for you.

This plan is underwritten by United States Fire Insurance Company, Eatontown, NJ.

For complete details on the protection plan refer to the Description of Coverage Brochure enclosed with your deposit receipt and is also available to you online at [www.tripmate.com/wpF431G](http://www.tripmate.com/wpF431G).

**Important!** The Travelers Protection Plan must be purchased by the time of initial payment and may not be purchased at a later date.

Tour: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_



For Reservations Contact: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_

\_\_\_\_\_

Travel Protection Plan: \$ \_\_\_\_\_

\_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_

Final Payment Due By: \_\_\_\_\_

PAYMENT INFORMATION

Make Checks Payable To: \_\_\_\_\_

Mail Deposit To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail Final Payment To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name & Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Single \_\_\_ Twin \_\_\_ Guaranteed Share\*

Stateroom Category

Riviera Deck (CAT E)  Riviera Deck (CAT D)

Vista Deck (CAT C)  Vista Deck (CAT B)

Horizon Deck

Grand Balcony Suite

Owners Suite

We will make every effort to accommodate your preference of cabin category. All cabins are on a first-come, first-serve basis.

Requested cabin # \_\_\_\_\_ 2<sup>nd</sup> Preference # \_\_\_\_\_

One Bed  Two Beds

\*Mayflower's Guaranteed Share Program is available on the Riviera, Vista and Horizon Decks standard staterooms only.

**IMPORTANT:** Please print your name EXACTLY as it appears on your passport. We require a copy of your passport within two (2) weeks of making your reservation. Name corrections, after final payment due date or after tickets have been issued, will result in additional fees being assessed.

YOUR INFORMATION

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Issue City, State, Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

ROOMING WITH

Salutation: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Mr., Mrs., Rev) (Please print EXACTLY as it appears on Passport) (Jr., Sr.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Issue City, State, Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Male  Female

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please advise your departure airport for this tour: \_\_\_\_\_  Mayflower Air  Writing Own Air

**Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment**  
**University of Wisconsin – Whitewater Alumni Association**  
**Jewels of the Rhine Tour**  
**April 23 – May 3, 2021**

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the University of Wisconsin – Whitewater Foundation, Inc. and Alumni Association activities and related trips.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT GREG RUTZEN, UW-WHITewater DIRECTOR OF CORPORATE PHILANTHROPY AND ALUMNI ENGAGEMENT, AT (262) 472-3182.

**Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the University and the Foundation have advised me to seek the advice of my physician before participating in any strenuous physical activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the Foundation. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian**  
**(If Participant is under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the University of Wisconsin-Whitewater and the UW-Whitewater Foundation, Inc., and their officers, directors, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the University of Wisconsin-Whitewater and/or the UW-Whitewater Foundation, Inc., and their officers, directors, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian**  
**(If Participant is under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin-Whitewater and/or the UW-Whitewater Foundation, Inc. and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian**  
**(If Participant is under 18\*):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If your son, daughter or ward will be under 18 while participating in University of Wisconsin-Whitewater activities and related trips, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.