

AWA Foreign Tours

Release Form

AWA trip destination:

Date of trip (mm/yy):

Know all persons by those present whereas I
am about to take a trip as tour participant under the auspices of THE AMERICAN
WOMEN'S ASSOCIATION OF SINGAPORE, and whereas I am doing so entirely on my
own initiative and at my sole risk and responsibility.

Now therefore in consideration of the permission extended to me by The American
Women's Association of Singapore to take this trip, I do hereby for myself, my heirs,
executors and administrators remise, release, and forever discharge THE AMERICAN
WOMEN'S ASSOCIATION OF SINGAPORE and its officers and members thereof from
any and all claims, demands, actions, legal fees and causes of actions on account of
my death or any injury to me or damage or loss of my property which may occur from
any cause whatsoever during this trip or arising there from whether or not the same
shall have been caused by the negligence or fault of THE AMERICAN WOMEN'S
ASSOCIATION OF SINGAPORE, its members, or the tour liaison.

The signing of this Release Form attests that the tour participant named above has read
and agrees to the Responsibility Statement overleaf.

Signature of participant.....

Name as in passport - PLEASE PRINT.....

AWA membership number.....

Date (dd/mm/yy).....

Witnessed by

Witness signature

Date (dd/mm/yy).....

Responsibility Statement

All tour prices are quoted on monetary exchange rates and tariffs in effect when the tour is first announced. These may be subject to change at any time and any changes will be notified to the participant. Itineraries, travel arrangements, hotel accommodations, etc. are subject to alteration or cancellation. If any major changes or cancellations to the agreed upon itinerary should occur during the tour, other than any requested by the tour liaison, the tour liaison will endeavor to seek a refund for that portion, which will be passed on to participants if recovered.

THE AMERICAN WOMEN'S ASSOCIATION OF SINGAPORE further reserves the right to cancel any advertised tour at any time should circumstances warrant, whether or not a full refund is possible.

During the course of the tour, any participant may voluntarily withdraw from any meal or activity. No refund will be made for any such withdrawal.

To ensure that all members enjoy a congenial tour, THE AMERICAN WOMEN'S ASSOCIATION OF SINGAPORE reserves the right in its absolute discretion to decline to accept or retain any person as a participant should such person's health, physical or mental condition, or general deportment impede the operation of the tour, or the rights, welfare, or enjoyment of the other tour participants.

If at any time during the tour, the tour liaison deems an individual's act or conduct is detrimental or incompatible with the interest, harmony, comfort or welfare of the tour as a whole, THE AMERICAN WOMEN'S ASSOCIATION OF SINGAPORE reserves the right in its absolute discretion to require that individual to withdraw from the tour. The tour liaison will make a refund of any monies recovered from the agent covering the unfinished portion of the tour upon return of the group and reconciliation of the costs. THE AMERICAN WOMEN'S ASSOCIATION OF SINGAPORE will accept no further obligation or liability beyond this refund.

Each participant shall be responsible for taking out their own adequate medical and property insurance bearing in mind the places to be visited.

For cancellation by a tour participant, THE AMERICAN WOMEN'S ASSOCIATION OF SINGAPORE will apply the following non-refundable administration charge: S\$25 per person administrative fee is non-refundable for any member with a confirmed place on the tour, and S\$200 per person for cancellation 45 days prior to the date of tour departure. Additional Tour Agent cancellation fees or penalties may also apply.

By signing the Release Form overleaf, tour participants indicate that they agree with the conditions herein set forth.

Full name (PRINT).....

Signature..... Date (dd/mm/yy).....

Witnessed by (PRINT)

Witness signature Date (dd/mm/yy).....

AWA Foreign Tours - Emergency Contact Information

Please submit with a photocopy of your passport and NRIC green card

Trip destination _____

Trip date (mm/yy) _____

MEMBER or GUEST

Surname as in passport _____

Given name(s) as in passport _____

Address _____

City, state, country, zip _____

Home phone & handphone Tel: _____ HP: _____

Email _____

Nationality as in passport _____

Passport number _____

Passport issue date (dd/mm/yy) _____

Passport expiry date (dd/mm/yy) _____

Date of birth (dd/mm/yy) _____

NRIC number (work permit) _____

SPOUSE if accompanying

Surname as in passport _____

Given name(s) as in passport _____

Address _____

City, state, country, zip _____

Home phone & handphone Tel: _____ HP: _____

Nationality as in passport _____

Passport number _____

Passport issue date (dd/mm/yy) _____

Passport expiry date (dd/mm/yy) _____

Date of birth (dd/mm/yy) _____

NRIC number (work permit) _____

Place of employment _____

Work phone number _____

Work address _____

EMERGENCY CONTACT

Contact name or physician name _____

Relationship _____

Address _____

City, state, country, zip _____

Phone number(s) Tel: _____ HP: _____

Email _____

Medical conditions - please list _____

Medications - please list _____

Allergies & dietary restrictions _____

Roommate preference _____

Smoker/Non-smoker _____