



IBEX TOURS REGISTRATION & EMERGENCY MEDICAL INFORMATION

Tour Name: _____ Departure Date _____, _____

Accommodations Requested:

() Single - based on one person occupying a room.

NAMES: (Please Print)-NAME AS ON YOUR PASSPORT

(Please attach a photocopy of the picture page from your passport.)

Nickname _____ Sex _____

Address: _____ City: _____ State: ___ Zip: _____

Phones: (Home) _____ (Mobile) _____ E-mail _____

Passport Number: _____ Expiration Date: _____

Date of Issue: _____ Place of Issue: _____ Citizenship: _____

Birthday (MM/DD/YYYY): _____ Birthplace: _____

Wedding Anniversary or special occasion: _____

Signature _____ Today's Date: _____

TERMS AND CONDITIONS - The International BioExploration Society (IBEX) and our representatives agree to work for you in the making of reservations and/or other arrangements with travel service providers on the following terms: We do not own, manage, control or operate any of the travel service providers with whom we make your travel arrangements. We make your travel arrangements with these travel service providers in accordance with their terms and conditions. Should you have any questions concerning these, please contact either the travel service provider or your IBEX representative. All coupons, exchange orders, receipts, contracts and tickets issued by us or a travel service provider are subject to the applicable tariffs as well as any terms or conditions imposed by the travel services provider. We are not responsible for events of *force majeure*, such as adverse weather conditions, terrorist acts, political instability or for inadequate visas or passports. Any and all controversies, claims or disputes of any nature arising before, on and after the date of this agreement and claims brought by or against the client, IBEX, or a third party, shall be settled by a single arbitrator in New York, New York in accordance with the rules of the American Arbitration Association. You acknowledge that this agreement involves interstate commerce.

Our sole knowledge and expertise on which you may rely is in the making of travel arrangements. In the case of all travel arrangements the contract in use by the provider of such transportation or lodging, shall constitute the sole contract between the passenger and such travel supplier.

IBEX reserves the right to cancel or withdraw the trip prior to departure and to decline to accept or retain any person as a member of the group if their actions impose upon or disturb the other members of the group. The right is also reserved to amend the itinerary should it be found necessary for the benefit of the members of the group or for other reasons. By accepting these travel arrangements you confirm that you have read this agreement and understand that it is the sum total of our agreement with you and supersedes all prior arrangements or understandings. This agreement cannot be changed except in writing and signed by Vyacheslav Dushenkov, President, IBEX.

AIRLINES SCHEDULES AND LAND ARRANGEMENTS MADE BY IBEX ARE SUBJECT TO CHANGE. IBEX IS NOT RESPONSIBLE FOR ANY BOOKINGS MADE BY THE CLIENT OR HIS/HER AGENT.

HEALTH RECOMMENDATIONS: To enjoy your travels to the fullest, you should be in good physical and mental health. Any physical or mental condition requiring special attention or treatment must be reported, in writing, to IBEX when the reservation is made. The International BioExploration Society reserve the right to refuse or revoke travel to anyone who is, in their sole judgment, is in such physical or mental condition as to be incapable of group travel or who may require care and attention beyond that which they can provide.

EMERGENCY MEDICAL INFORMATION

Passenger Name: _____

Person to contact in case of emergency: _____

Relationship (please identify as spouse, child, parent, neighbor, etc): _____

Address:

Street _____ City _____ State/Zip _____

Their Phone #: Home (Mobile) _____ Office: _____ E-Mail _____

List any disability or special health care needs that may affect your ability to fully participate in this travel program:

Special Dietary Needs: _____

List any allergies, including food allergies:

List the names of any medications you are currently taking:

Health Insurance Company: _____ Policy # _____

By my signature below I certify that I have read, understand and accept the terms of the "Cancellations" and "Terms; and Conditions" paragraphs included on this document. I also certify that I have been offered travel insurance.

I. I hereby release The International BioExploration Society, their staff and tour escorts from liability in case of accident or illness while I am participating in this program and do further agree to absolve from all responsibility The International BioExploration Society and their employees, from all loss, damage or expense which I may incur by reason of any such accident or illness.

II. I shall be responsible for all uninsured medical expertness

III. I hereby authorize necessary hospitalization and/or treatment while I am participating in this trip.

IV. I will/will not (circle one) cover myself for this trip against unforeseen circumstances with the purchase of travel insurance.

V. I understand that weather conditions and other circumstances may necessitate changes in the scheduled activities of this travel program.

Date: _____ Your Signature: _____

Visas and Passports

You are responsible for obtaining and paying for all visas and entry documents, for meeting all the health and other requirements, and for any documents required by the laws, regulations, orders, and requirements of the countries you will visit. Most countries require that the passport be valid for at least six months beyond the conclusion of your trip. It is recommended you have a minimum of three empty visa pages in your passport when traveling.

Baggage

Because of the very mobile nature of bioexploratory tours, we strongly recommend you travel light. Due to limited capacity a single bag per person with dimensions not exceeding 30" x 21" x 11" (76x53x28 cm) and weight not exceeding 50 lb (22 kg) is allowed. We recommend having a soft-wall bag. It is also prudent to have a small backpack for daytrips. Make sure to check airline requirement as some carriers may have stricter weight/dimension limitations or baggage charges.

Photography

Participants of bioexploratory tour may be photographed and/or videotaped for educational and promotional purposes.

Health Requirements

You must be in good physical and mental health. Any physical condition requiring special attention, diet, or treatment must be reported in writing when the reservation is made.

Safety and Travel Risk

There are numerous rewards associated with travel to exotic destinations, however there are also certain inherent problems that may be encountered due to circumstances and situations associated with traveling to lesser developed countries. All participants must sign a release form outlining the risks associated with travel before undertaking any activity with IBEX.

Responsibility

The International BioExploration Society promotes ethical behavior toward local ecosystems and peoples by selecting tour operators who have a demonstrated history of responsible tourism.

Itinerary Changes

The itineraries are subject to modification and change by IBEX or its partners. Every reasonable effort will be made to operate programs as planned, but alterations may still occur after final itineraries are sent.

Deposits, Cancellations and Refunds

A fully refundable deposit of \$500 per person per trip is required to reserve space on an IBEX BioExploratory Tour. Final payment is due 120 days prior to departure. IBEX reserves the right to cancel a reservation if full payment has not been received by 120 days prior to departure. For reservations made after final payment is due, full payment is required when the reservation is accepted. All cancellation notices must be received in writing. If the trip is canceled 90 days or more prior to departure, a refund less an administrative fee of \$500 per person will be made. Per person charges for cancellations that occur less than 90 days prior to departure are subject to full forfeiture of the tour price unless the tour is full and your space is resold (in which case the \$500 handling fee will apply). Any airline tickets issued are subject to the carrier's refund policy.

Please mail, fax or email signed form to:

Kriegner Travel Services, Inc.
11 North Main Street, Pennington, NJ 08534
Phone: 609-737-9393, 800-458-9590
Fax: 609-737-3932
Email: rkriegner@yahoo.com