



BOOKING FORM

One form must be filled out per family. Please fill out the 'Additional Travellers' form if there are over two people travelling in the same family. All details given must be as they appear in each passport. Dates should be entered DD/MM/YYYY.

TRAVELLER DETAILS

Traveller 1 (Primary Information)

| | | | |
|----------------------------|--------------------------|-------------|---------------|
| Title | First Name | Last Name | DOB |
| Contact Number (Australia) | Contact Number (On Tour) | | Email Address |
| Address | | | |
| Suburb | | Postcode | State |
| Passport Number | Date of Expiry | Nationality | |

Traveller 2

| | | |
|-----------------|----------------|---------------|
| Title | First Name | Last Name |
| DOB | Phone Number | Email Address |
| Passport Number | Date of Expiry | Nationality |

Emergency Contact

| | | | |
|-------|------------|-----------|-----|
| Title | First Name | Last Name | DOB |
|-------|------------|-----------|-----|

TOUR DETAILS

| | |
|--------------------------|-----------------------|
| Exit date from Australia | Rtn date to Australia |
| Rooms required (#): | Twins Singles |
| Special requests | Doubles Triples |

Do any travellers have medical conditions or physical ailments that we should be aware of? (e.g. many of our tours involve group walking tours or stairs)

I understand that baggage allowance includes one piece of luggage and one carry-on bag per person

Please indicate your estimated number of bags if you will exceed this limit so that we may accommodate.

PAYMENT DETAILS

A non-refundable booking deposit for the instructed amount is required to reserve your booking.

ONLINE TRANSFER*

BSB 116-879
Account Number 484-832-751
Swift Code** SGBLAU2S

CHEQUE

Please make cheque payable to Ormina Tours and mail to:
PO Box 640, North Sydney, NSW, Australia 2060

I have transferred/mailed a cheque for the sum of _____

*For Australian Dollar transfers into Australia. **Swift Code required for monies wired from outside Australia. Unfortunately, we do not accept credit card payments for booking deposits.

OTHER TRAVEL REQUIREMENTS

Travel Insurance Provider Policy Number

Dietary requirements?

What are you most excited about?

SIGNED DECLARATION

- I have read and understood Ormina Tours Booking Conditions. I am the lead name of the party travelling above, confirm that I accept the prices quoted and that I am authorised to accept these and the booking conditions on behalf of all other persons included in this booking form. I further understand that I have sole responsibility for ensuring that passports are valid for 6 months beyond the date of return and for obtaining all necessary visas. I also acknowledge that travel insurances is required to be taken and this needs to be provided to Ormina Tours before participation in the tours is finalised and confirmed. For further T&C's please visit: <https://www.orminatours.com/terms-conditions/>
- I understand Ormina Tours cannot guarantee that I, or those I'm traveling with, will not become infected with COVID-19 or any illness ("Illness"). As such, I agree to hold Ormina Tours harmless and voluntarily assume all risks and related expenses in the event that I, or any member of my traveling party, becomes infected with an Illness.
- I understand that it is my responsibility to monitor and follow all local and international recommendations and restrictions. I am responsible for obtaining relevant vaccinations, tests and certificates needed to enter all visiting countries. Any delays, cancellations or additional costs incurred for not following country guidelines are at my own expense.

Signature

Full Name

Date

Infrequently, we may send information about future Ormina Tours offers. If you do not wish to receive further information, please tick here.



ADDITIONAL TRAVELLERS

All details given must be as they appear in each passport. Dates should be entered DD/MM/YYYY.

PRIMARY INFORMATION (as per Booking Form)

Name _____ Contact Number (Australia) _____

ADDITIONAL TRAVELLER DETAILS

Traveller 3

| | | |
|-----------------|----------------|---------------|
| Title | First Name | Last Name |
| DOB | Phone Number | Email Address |
| Passport Number | Date of Expiry | Nationality |

Traveller 4

| | | |
|-----------------|----------------|---------------|
| Title | First Name | Last Name |
| DOB | Phone Number | Email Address |
| Passport Number | Date of Expiry | Nationality |

Traveller 5

| | | |
|-----------------|----------------|---------------|
| Title | First Name | Last Name |
| DOB | Phone Number | Email Address |
| Passport Number | Date of Expiry | Nationality |

Traveller 6

| | | |
|-----------------|----------------|---------------|
| Title | First Name | Last Name |
| DOB | Phone Number | Email Address |
| Passport Number | Date of Expiry | Nationality |

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Signature _____

Full Name _____ Date _____



WAIVER OF LIABILITY FOR COVID-19

PRIMARY INFORMATION (as per Booking Form)

Name

Contact Number (Australia)

The safety and comfort of our guests has always been of paramount concern to Ormina Tours. We have worked diligently to give you the peace of mind you expect. However, there is no way to eliminate all possible risks while traveling and Ormina Tours therefore cannot assume liability in the unlikely event you contract COVID-19 or any other illness ("Illness"). This is the reason for the necessity of the following waiver of liability:

The novel coronavirus, COVID-19 and other similar pandemics (herein "COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments have recommended physical distancing, limiting group sizes in some locations and wearing face coverings.

Ormina Tours has put in place preventative measures to reduce the spread of COVID-19. However, Ormina Tours cannot guarantee that you or anyone in your travel party will not become infected with COVID-19. In fact, travelling on an Ormina Tour and participating in its activities could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the tour and that such infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming infected by COVID-19 on an Ormina Tour may result from the actions, omissions, or negligence of myself and others, including, but not limited to Ormina employees, suppliers (and their employees) and other passengers. I understand that complete knowledge of the risk factors of contracting COVID-19 is not complete and that unknown or unanticipated risks may result in injury, illness, death or any other loss. I agree that having considered these risks, I desire to participate in the tour and I freely and voluntarily assume complete personal responsibility for the risk of exposure, illness and death due to COVID-19, even if such injuries or death occur in a manner that is not foreseeable at the time this agreement is signed.

I for myself, and on behalf of my and their heirs, assigns, personal representatives and next of kin voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability or expense of any kind that I may experience or incur in connection with my tour and its activities ("Claims"). I hereby release, covenant not to sue, discharge and hold harmless Ormina Tours, its employees, agents, and representatives, of and from the Claims. Including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or related thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Ormina Tours, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any tour.

SIGNED DECLARATION

- I have read this waiver of liability, fully understand its terms, understand that i have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.
- I agree that if any portion is found to be void or unenforceable, the remaining portions shall remain in full force and effect. No additions, deletions or changes can be made to the release form, and signing it is a requirement for joining the trip.

Signature

Full Name

Date