

policies. We strongly suggest that you check all of your family vacation dates and school dates for class finals, graduation, summer school, sport programs, college orientations, etc. before mailing in your application and payment.

We strongly suggest travel insurance that covers cancellation for medical reasons.

Look up www.accessamerica.com and/or www.travelguard.com for travel insurance.

BUZZ'S TERMS and CONDITIONS

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CANCELLATION POLICY: In arranging a tour on your behalf, BUZZ'S SPORT TOURS performs many various services and incurs various expenses, administrative costs on your behalf. BUZZ'S SPORT TOURS has already paid NON-REFUNDABLE DEPOSITS in advance for airline seats, places of lodging and train reservations. Since it is extremely difficult and impractical to ascertain the precise cost of each service performed and each expense incurred by BUZZ'S SPORT TOURS for each participant on an individual basis, you (or your parents, if you are a minor) AGREE FULLY WITHOUT DISPUTE to pay the following to BUZZ'S SPORT TOURS as liquidated damages in the event of cancellation FOR ANY REASON WHATSOEVER (including but not limited to cancellations for medical, financial, disciplinary, sport team, school schedules or family emergencies).

YOUR INITIAL PAYMENT OF \$200.00 IS NON-REFUNDABLE, NON-TRANSFERABLE, NO EXCEPTIONS!

Cancellation Policy:

CANCELLATIONS MUST BE MADE IN WRITING! To: BUZZ'S P.O. Box 1120 Agoura Hills, CA. 91376-1120

Once your air tickets are purchased by BUZZ'S on your behalf, \$1,300.00 is NON-REFUNDABLE by the airlines and NON-REFUNDABLE by BUZZ'S SPORT TOURS / BUZZ'S ADVENTURE TOURS.

We can only take a maximum of 55 clients on each tour. If you cancel on us, in most cases we cannot resale your spot and the space goes empty. By signing BUZZ'S Terms and Conditions and mailing in your first payment of \$200.00 you agree to the following cancellation policy.

Cancellations must be made in writing and delivered by mail via U.S. Post Office.

BUZZ'S ADVENTURE TOURS P.O. BOX 1120 Agoura Hills, CA. 91376

Money pre-paid to BUZZ'S for airline tickets are NON-REFUNDABLE.

The airline tickets we purchase on your behalf are NON-REFUNDABLE!

All cancellations received prior to January 1, 2010 – Full refund less a \$25.00 processing fee.

All cancellations received between January 1 - 31, 2010 = Refund less a \$200.00 fee.

All cancellations received between February 1 - 28, 2010 = Refund less a \$300.00 fee.

All cancellations received between March 1 - 31, 2010 = Refund less a \$400.00 fee.

All cancellations received after April 1, 2010 = NO Refund. We will be fare and try to refund any money that has not been used for pre-payment on lodging, rail passes and advanced reservations on your behalf less a \$400.00 fee for any cancellations received prior to June 1, 2010.

We strongly suggest travel insurance that covers cancellation for medical reasons.

Look up www.accessamerica.com and/or www.travelguard.com for travel insurance.

FORCE MAJEURE: In the event of any delays, strikes, labor disputes, fires, riots, wars, rebellions, terrorist acts or threats, weather, acts of God, or other circumstances beyond the control of BUZZ'S SPORT TOURS which causes the cancellation of the entire proposed trip, BUZZ'S will refund the entire trip price to the participant, **less any non-refundable service or other charges incurred by BUZZ'S including airfare, hotels, railpass.**

If forces beyond BUZZ'S reasonable control, i.e., storms, road closures, transport strikes, etc., causes the trip to be extended, the participant must pay all extra costs associated with such trip extension, i.e., extra lodging, transportation and meals, or must reimburse BUZZ'S for any such increased expenditures made on the participant's behalf.

BUZZ'S does NOT include luggage or baggage handling, bellhop or skycap services.

BUZZ'S is NOT responsible or liable for lost, damaged, misplaced or stolen articles or personal property. You are responsible for your assigned accommodations and for the common spaces you use (including buses & planes). If damage occurs to your assigned accommodations or where you bear responsibility, whether it be done by you, your roommates or outsiders, you (or your parents, if you are a minor) are financially responsible and liable to pay directly to the owners or managers of such properties.

BUZZ'S is NOT responsible for lost luggage, tickets or documents.

BUZZ'S has NO responsibility to or for me when I am absent from BUZZ'S organized activities, such as visits to friends or relatives, optional activities and when anyone leaves the group without notification of tour leaders.

BUZZ'S reserves the right to make changes in tour itineraries and departure dates, and to modify lodging arrangements, transportation arrangements, including the use of substitute airlines.

By paying the initial payment of \$200.00 for this trip with cash, money order, or check, I am (or my parents, if I am a minor) accepting and agree to all the Terms and Conditions stated above.

I (or my parents, if I am a minor) UNDERSTAND and AGREE to all the Terms and Conditions stated above.

MAIL APPLICATION AND PAYMENT TO:

BUZZ'S P.O. BOX 1120 AGOURA HILLS, CA. 91376-1120

Scroll down for Application & Medical Form

BUZZ'S European Adventure 2010

Tour # 1 Trip Application Form

(818) 707-6907

Attach one
Passport
photo
here

Mail to: BUZZ'S P.O. BOX 1120 AGOURA HILLS, CA. 91376

Please check your school calendar for Last day of class, Finals, Graduation, Summer School, Etc. (NOTE: there are NO refunds on your trip deposit)

Please select one tour below. X in the box.

Tour # 1 May 31 – Jun 8, 2010 Land Only for \$955.00
London - Paris - Amsterdam

Tour # 1 May 31 – June 19, 2010 Land Only for \$2,695.00
London to Pisa, Italy

***Print or type in BLOCK LETTERS.**

****Print your name as it appears on your passport.**

Participant's **Legal LAST NAME,** **FIRST NAME** Middle

AGE: _____ BIRTHDATE ____/____/____ Home phone () _____ - _____

SEX: MALE FEMALE Height _____ Weight _____ lbs.

Email: _____

Passport # _____ You can notify us at a later date. **Citizenship** **U.S.** or Other

If you need a passport, stop by your local U.S. Post Office and pick up a FREE application.

Ask the clerk for the location & phone number of the nearest "U.S. Post Office - Passport Processing Center".

Legal Street Address: _____

Apt. #: _____

City: _____

State: _____

Zip Code: _____

I have enclosed a check # _____ in the amount of **\$200.00** or I Understand that this deposit is **NON-REFUNDABLE** and it will be used to book and guarantee the price on my trains and pre-book my lodging. I understand that I can make payments for this trip on my own schedule and **I agree to have the trip paid in full by March 26, 2010** or you will be cancelled with no refund on deposits made prior to March 26, 2010 Late fee of \$75.00 for all payments received after 3/26/2010

Participant Signature Required. I have completely read and fully understand the "Release Agreement" and the "Terms and Conditions" as supplied herewith (on the back side of cover letter) and agree to bound hereby, and to comply herewith.

Signature of applicant _____ Date _____

Parent or legal guardian signature required. I am the parent or legal guardian of the above minor applicant.

I have completely read and fully understand the "Release Agreement" and the "Terms and Conditions" as supplied herewith (on the back side) and agree to bound hereby, and to comply herewith.

Signature of parent or legal guardian _____ Date _____

Print name of parent or legal guardian: _____

PLEASE PRINT CLEARLY or TYPE

European
Adventure
Tour # 1 - 2010

EMERGENCY MEDICAL CONSENT and RELEASE FORM

BUZZ'S SPORT TOURS P.O. BOX 1120 AGOURA HILLS, CA 91376-1120 (818) 707-6907

Parent's E-mail address: _____ @ _____

Participant's LAST NAME, FIRST NAME AGE: _____ BIRTHDATE ____/____/____

SEX: _____ MALE _____ FEMALE Height _____ Weight _____

Passport # _____ **PLACE of BIRTH:** _____
City State Country

ALLERGIES: _____

DAILY MEDICATION NEEDED: _____

LIST IMPORTANT PAST MEDICAL HISTORY: _____

Swimming Ability: Can't swim Beginner Intermediate Advanced

Bike Riding Ability: Can't ride a bike Beginner Intermediate Advanced

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACTS:	DAY PHONE:	EVENING PHONE:
MOM _____ () _____ - _____	() _____ - _____	() _____ - _____
DAD _____ () _____ - _____	() _____ - _____	() _____ - _____
Other _____ () _____ - _____	() _____ - _____	() _____ - _____

Parent's E-mail: _____ @ _____

(This document will be destroyed after this tour)

MEDICAL RELEASE CLAUSE:

I AGREE THAT THE TOUR GUIDES FROM BUZZ'S SPORT TOURS MAY GIVE MY PERMISSION TO HAVE MEDICAL OR SURGICAL ASSISTANCE PERFORMED THAT MY SON AND/OR DAUGHTER MAY REQUIRE AND THAT I WILL BE RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED. (**Medical and trip insurance is NOT included in the trip price**)

IT IS UNDERSTOOD THAT THIS CONSENT IS GIVEN IN ADVANCE OF ANY ACCIDENT OR INJURY OR ILLNESS THAT REQUIRES DIAGNOSIS AND / OR TREATMENT, BUT IS GIVEN TO ENCOURAGE THE DOCTORS TO USE THEIR BEST MEDICAL JUDGEMENT AND PROCEED IMMEDIATELY WITH ANY NECESSARY TREATMENT. THIS AUTHORIZATION FOR DIAGNOSIS AND/OR TREATMENT SHALL REMAIN EFFECTIVE FOR THE DURATION OF THIS TOUR. IT IS ALSO UNDERSTOOD THAT THE TOUR LEADERSGUIDES WILL TRY TO CONTACT ME PRIOR TO TREATMENT AND SHOULD I NOT BE REACHED, THE ABOVE CONSENT WILL BE EFFECTIVE.

PARENT / GUARDIAN SIGNATURE **if under age 18** PRINT NAME DATE

PARTICIPANT SIGNATURE PRINT NAME DATE