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IMPORTANT NOTICE

Dear Group Leader,

Our insurance carrier requires Super Holiday Tours to submit a trip application form along with travel insurance information and a swimming permission form for each individual traveling in the group. As a result, attached please find our trip application forms along with travel insurance information and swimming permission forms to be distributed to each person(s) within the group. Due to cancellation penalties we encourage everyone to review the option of purchasing travel insurance. **Anyone with questions or concerns regarding the purchase of travel insurance may contact Travel Insured via phone (800) 243-3174**

We ask that each parent/guardian complete and sign a trip application form. All completed forms **MUST** be submitted at one time to Super Holiday Tours **ALONG** with your rooming list.

We recognize that you may already have similar forms to the ones provided. So, in an effort to simplify this process somewhat, you may use those forms. Finally, if for some reason you are unable to comply with any of the foregoing options please indicate below sign and return to the undersigned.

Signature: _____ Date: _____

We are required by our Administration to use our forms for school sponsored trips. As such, we are going to utilize our forms for persons traveling on this tour.

Signature: _____ Date: _____

We are unable to comply with your request for the following reason(s):

Sincerely,

SUPER HOLIDAY TOURS

SUPER HOLIDAY TOURS TRIP APPLICATION FORM

School/Group & Trip Sponsor _____
Trip Name & Dates _____

Participant's Name _____

Father/Guardian's Name _____
Address _____
Emergency Phone _____

Mother/ Guardian's Name _____
Address _____
Emergency Phone _____

Health Information
Medical Insurance Company: _____ Phone _____
Policy Number: _____
Family Doctor: _____ Phone _____

We agree that the Participant can receive non-prescription medicine during the trip if the need arises. We agree that in the event of an emergency the trip leaders may authorize emergency medical treatment for the Participant if a parent or guardian cannot be reached. The Participant is in good health, does not take medications, and has no special medical conditions. List exceptions here. Attach a separate sheet if more space is necessary.

Travel Insurance: The Participant Accepts / Declines to purchase travel insurance. (circle one)

Swim Policy: I understand that the hotel and other facilities will not have lifeguards on duty. Participating in any water activity is at our own risk.

Trip Cost, Payments, Cancellations, & Refunds: Each Participant shall pay the Trip Sponsor the amount it requires to enroll in the trip. The Trip Sponsor will specify the payment schedule and cancellation penalties. I understand that penalties may apply if I cancel my trip prior to departure.

We have read, fully understand and agree with the terms of this Application and the Consumer Disclosure Notice printed below on this form. We agree not to hold any trip leader or chaperon on this trip responsible for any accident, error or omission.

Participant's Signature: _____

Father/Guardian's Signature: _____

Mother/Guardian's Signature: _____ **Date:** _____

CONSUMER DISCLOSURE NOTICE: Please read this carefully, as your signing the Application and/or deposit payment on a trip signifies acceptance of these terms & conditions. The trip is arranged by V-Cole Enterprises, Inc. dba Super Holiday Tours (hereinafter "SHT"). It has made the travel arrangements at the direction of the School/Group and acts as agent for the transportation carriers & other suppliers (SUPS) of services connected with the tour, all of which are independent contractors. SHT in no way owns or operates the vehicles or facilities to be used during the trip, & does not guarantee performance by, or assume responsibility for the acts &/or omissions of SUPS, their employees, agents, etc. All bookings are accepted subject to the conditions imposed by SUPS & SHT, including, but not limited to, the airline, cruise line, rail, coach, hotel, restaurants, insurance & other companies, firms or persons concerned with the trip. SHT shall not be responsible for, and shall make no refund for, events beyond its control, such as, without limitation, acts of God, strikes, acts of war, terrorism or civil disturbance, government restrictions, or for acts or omission of persons or companies not controlled by SHT, such as, without limitation air carriers, bus companies, railways and hotels, or for elements of the package not used by customer. SHT and its officers, employees, and agents are hereby released from all claims arising out of such events, acts, or omissions. If there is a difference between SHT conditions and those published by a SUP, the conditions of SUP shall apply. The Group accepts responsibility for all property or monetary damages caused by its members to the hotels, Bus Company, or other property. The Group will assume all risks of personal injury which may be suffered, incurred or caused during the trip and hereby release SHT and its officers, employees and agents from all claims arising out of loss or injury. Price quoted is per person quad occupancy, unless noted otherwise, and the price is subject to adjustment if the number of participants varies significantly from the estimated number. SHT reserves the right to cancel a trip, change the itinerary or adjust rates whenever in its sole judgment conditions warrant, or if SHT deems it necessary for your comfort, convenience or safety. SHT reserves the right to correct an error in the advertised price prior to your departure. Trips outside the USA require a valid U.S. passport or other acceptable forms of citizenship proof. You are responsible for, & release SHT from passport, visa, vaccination requirements & safety conditions in travel destinations. SHT strongly recommends you purchase travel/medical/baggage insurance for the trip, which is available from SHT. For medical info., call Public Health at 301-443-2403, & for travel advisories State Dept. at 202-647-5225. SHT requires that medical release forms with a health care proxy be received in our office for each individual no later than 10 days prior to scheduled trip. A contract is made when your reservation & payment are accepted by SHT in SHT home office in Orlando, Florida & any disputes shall be governed by Florida law & are subject to exclusive jurisdiction and venue in Orange County, Florida. SHT is registered with the State of Florida as a Seller of Travel, Registration No. 13558. In calculating the cost of your trip, SHT has relied on your consent to these terms & in the absence of this release, the trip cost would have been higher. SHT phone 407-851-0060, fax 407-851-0071.

SWIMMING PERMISSION FORM

Name of Group _____ Group Leader _____

Destination _____ Dates of Trip _____

Participant's Name _____

Address _____

Phone _____

Parent / Legal Guardian's Name _____

Address (if different from above)

Emergency Phone _____

THERE ARE NO LIFE GUARDS ON DUTY. SWIM AT YOUR OWN RISK.

I **GIVE** permission for my child/children _____

to participate in swimming activities while on the _____ trip to _____.

I am aware that the hotel has a pool and/or may be accessible to the ocean.

My child/children _____ **MAY NOT** participate

in swimming activities while on the _____ trip to _____.

I am aware that the hotel has a pool and/or may be accessible to the ocean.

Responsibility: I understand and agree to support all state laws and rules set by the Group, School District, Directors and Chaperones. Any serious infraction will result in my child being sent home immediately at my expense.

Personal Items: I understand that the school and the tour operating company are not responsible for lost or stolen items

We have read, fully understand and agree with the above statements.

Participant's Signature _____ Date _____

Parent / Legal Guardian's Signature _____ Date _____