



### How to sign up for our ski adventure through S.E.E. Mates Ski & Travel Ski Club

- Club membership is required to join this trip – with dues paid before submitting this form.
- Call or email the Trip Leader to confirm space is available.
- Print and complete this registration form (you may register as a single or with a roommate)
- Mail your registration/waiver form/cancellation agreement and check to S.E.E. Mates. Be sure to sign pg. 2
- Make checks payable to **“S.E.E. Mates, LLC.”**  
Circle and initial any applicable adjustments for single supplement (+\$680) an/or wine tour/tasting to be reflected in final balance.

<b>Trip Destination</b>	<b>Rome &amp; Tuscany, Italy</b>	<b>Dates:</b>	<b>9/9 – 9/18/2022</b>
<b>Trip Leader(s):</b>	Mary Finocharrio	<b>Land price:</b> \$ 2,999.00 pp/do	
<b>Activity:</b>	Walking/hiking/touring	<b>Lodging:</b>	Deluxe hotels and villa
<b>Optional wine-tasting:</b>	Are you interested in our tour of wine cellar & wine tasting? Yes: ____ No: ____ (Please initial.) If yes, additional \$35.00 to be paid w/deposit		
<b>Payment Schedule (per person)</b>	Deposit: \$500.00 Due: Now Pmt #2: \$1,000.00 Due: 9/01/21	Pmt #3: \$1,000.00 Due: 2/01/22 Balance due: _____ 5/01/22	
<b>Deposit Amt Enclosed:</b>	<b>Check #:</b>	<b>Make check payable to: S.E.E. Mates, LLC</b>	
<b>Mail to Registration/Deposit to:</b>	<b>S.E.E. Mates, LLC - 106 Water Street, Newburyport, MA 01950</b>		

### Personal Information

<b>Name):</b>		
<b>Address (Street, City Zip):</b>		
<b>Phone (mobile preferred):</b>		
<b>Email:</b>		
<b>Travel ID name (EXACTLY):</b>		
<b>Date of Birth:</b>		
<b>Gender:</b>		
<b>Passport Number:</b>		
<b>Passport Expiration Date:</b>		
<b>TSA PreCheck # (optional):</b>		
<b>Paid S.E.E. Mates membership?</b>	No__ Yes__ Expiration date _____	No__ Yes__ Expiration date _____
<b>Roommate preference:</b>		None: Single Supplement: +\$680.00 ____
<b>Bedding:</b>	Single Bed ____ Shared Bed ____	Single Bed ____ Shared Bed ____
<b>Allergies? Type?</b>	Yes ____ No ____	Yes ____ No ____
<b>Emergency contact name:</b>		
<b>Emergency phone:</b>		

**Please turn over, read and sign the Accident Waiver and Release of Liability form. Your trip registration will not be complete without your signature.**

Are you submitting this form and deposit for another member? Yes\_\_ No\_\_ If yes, print your name here: \_\_\_\_\_  
 Club membership is required to join this trip. To become a member, please join at [myseemates.com](http://myseemates.com).

## S.E.E. Mates Ski & Travel Club Waiver

Brief Description of event and its physical requirements: Please refer to the following.

<b>Trip Destination</b>	Tuscany & Rome, Tuscany, Italy
<b>Dates:</b>	September 9 – 18, 2022
<b>Trip Leaders:</b>	Kathy Ryan
<b>Activity:</b>	Walking/touring/bicycling – uneven pavement/cobblestones

I ACKNOWLEDGE THAT THERE ARE CERTAIN UNPREVENTABLE RISKS INHERENT IN THIS ACTIVITY THAT MAY RESULT IN INJURY AND I UNDERSTAND THAT MY PARTICIPATION PLACES ME AT RISK FOR INJURY.

1. I voluntarily choose to participate in the activities shown above and accept and assume the risk of bodily injury, death or property damage occurring while participating in them notwithstanding such risks and dangers.
2. I certify that I am physically fit and have not been advised to not participate by qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.
3. I, for myself and my heirs, successors, assigns and personal representatives, hereby absolve, release and discharge the S.E.E. Mates Ski & Travel Club, their respective agents, officers, directors, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releasees") from any blame or liability or causes of action whatever, whether based on tort, contract, express or implied, or any other theory, arising from, or on account of, property damage, economic loss, personal injury or death, related to or arising from my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons.
4. I further hereby covenant not to sue and agree to indemnify and hold harmless Releasees from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury or death, related to my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons and including, without limitation, liability for loss of consortium which may be asserted by my spouse or others, and agree to pay the legal fees and expenses of Releasees associated with the defense of any claims brought in violation of this Agreement.
5. This Accident Waiver and Release of Liability Form shall be governed by the laws of the State of Massachusetts. By signing this Accident Waiver and Release of Liability Form, I further agree that the State of Massachusetts will be the exclusive jurisdiction in which I may bring any suit related to or arising out of the activities. This Agreement shall be binding on me and on my heirs, successors, assigns and personal representatives. If any provision herein is or becomes invalid or unenforceable, in whole or in part, that shall not affect the validity or enforceability of any other provision.
6. I hereby consent to receive medical treatment, by others, which may be deemed advisable in the event of injury accident and/or illness during this activity or event.
7. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Seacoast Ski Club, its agents, and officers.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I am of sound mind and body and not under the influence of alcohol or any illicit or prescription drug or medication which may in any way impair my ability to enter into this agreement. I fully understand the respective intent and meaning of all the terms and provisions hereof and to participate in the Activity. I UNDERSTAND THAT BY SIGNING BELOW, I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL FOR MYSELF.

**READ BEFORE SIGNING:**

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**SIGNATURE** **DATE** **PRINT NAME**

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**SIGNATURE** **DATE** **PRINT NAME**

# S.E.E. Mates Ski & Travel Club Waiver RESPONSIBILITY CLAUSE

S.E.E. Mates, LLC and or its agents, act in the capacity of agent for the passengers in all matters pertaining to travel, whether by plane, rail, boat, steamer, or any other means of conveyance. They shall not be liable for any injury, damage, or loss occasioned by neglect or default of any company or person engaged in conveying the tour, or any hotel proprietor or car rental organization or other persons supplying services or materials in connection with the tour. Neither S.E.E. Mates, LLC (and or its agents) nor the airline concerned are to be held responsible for closure of access routes to or from resorts due to bad weather or road conditions, or for any other reasons beyond their control. In addition, they are not to be held liable for any additional payment or any refunds for unused hotel accommodations or meals occasioned by such late arrivals at hotels holding rooms as per confirmed itineraries or any other hotel. S.E.E. Mates, LLC and its agents act only as agents for reservations concerning hotels, transportation, and sightseeing tours (if included) and do not guarantee the psychological satisfaction of the client for these reservations. Neither S.E.E. Mates Ski & Travel Club nor agency or agents assume any responsibility or liability for schedule and time changes of airline, transfer companies and trains.

## DEPOSIT / PAYMENT REQUIREMENTS

**\$500 deposit per person due ASAP to hold space**  
**Second deposit of \$1,000 per person due September 1, 2021**  
**Third deposit of \$1,000 per person due February 1, 2022**

Final payment / the remainder of balance due by May 1, 2022

Credit cards will be accepted for this adventure upon receiving your authorization to make payment(s).  
Cancellation penalties will apply after May 31. \*Attempts will be made to provide a suitable roommate, but if one is not found, or if your cancellation leaves your roommate single, a supplement may be incurred.

## CHANGE OF ITINERARY

There will be no refunds for any unused portions of the trip as the group rates are based on everyone following the same itinerary.

## CANCELLATION & REFUND POLICY

Some restrictions and penalties apply to your vacation investment. If you cancel your reservations, YOUR RIGHT TO A REFUND IS LIMITED, as set forth in the following schedule. All cancellations **must be discussed with your trip leader and be in writing to S.E.E. Mates Ski & Travel Club**, 106 Water Street, Newburyport, MA 01950. Date of postmark will determine applicable policy:

**Effective June 1, 2021 and up to 125 days (May 6, 2022) prior to departure cancellation policy is as follows:**

**A:** Any and all cancellations are subject to a \$95.00 per person contracted administration fee up until 125 days prior to departure.

**B:** Any and all cancellations received 124 to 95 days (June 6, 2022) prior to departure - \$ 295.00 per person cancellation fee.

**C:** Any and all cancellations received 94 to 66 days prior to departure (July 6, 2022) – \$95.00 + 50% of land cost becomes non-refundable.

**D:** Any and all cancellations received 45 or less – **no refunds**.

No refunds for early departure or late arrival. No shows, no refund. No partial refunds will be made on airfare, or any unused portions of this package.

**Refunds will be made as soon as they are received from vendors (minimum eight (8) weeks).**

## TRIP INSURANCE

We strongly recommend the purchase of trip insurance covering, accident, sickness, or death of a participant or covered family member that would result in cancellation either prior to or during the trip or Cancel for Any Reason. See insuremytrip.com for options.

**I/we have read and understand the cancellation/refund policies, and insurance recommendation above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_