



PERSONAL INFORMATION FORM

Touring Journeys

Please review the information we currently have on file for you and make all necessary updates.

| GUEST INFORMATION | | | |
|---|-----------------------|--|--------------------|
| Trip Name The Silk Road | | Trip Dates July 22 – August 5, 2009 | |
| <u>Name</u> | | | |
| <small>First</small> | <small>Middle</small> | <small>Last</small> | |
| <u>Passport Name if Different</u> | | | |
| <small>First</small> | <small>Middle</small> | <small>Last</small> | |
| Name you prefer to be called | | | |
| USPS Mailing Address | | | |
| City | State | Zip | Country |
| Important note: You may need to sign for UPS/FedEx packages (e.g., Final Documents) | | | |
| UPS/FedEx Mailing Address | | | |
| City | State | Zip | Country |
| Any Special Mailing Instructions? | | | |
| Home Phone | | Work Phone | Mobile |
| Email | | Fax | |
| Preferred method of contact (e.g. work phone, e-mail etc.) | | | |
| Birth Date | | Place of Birth | Age |
| Occupation | | Gender | Citizenship |
| Passport Number | | Expiration | |
| Place of Issue | | Issue Date | |
| Previous Trips with Geographic Expeditions? | | | |
| How did you learn of Geographic Expeditions? | | | |
| <input type="checkbox"/> T-Shirt Size _____ XL _____ L _____ M _____ S OR <input type="checkbox"/> Cap OR <input type="checkbox"/> 27 oz. Klean Kanteen Stainless Steel Bottle | | | |

EMERGENCY CONTACTS

| Name | Relationship | Home Phone | Work Phone | Cell/Pager | Email |
|------|--------------|------------|------------|------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

YOUR PRIMARY CARE PHYSICIAN

| Name | Work Phone | Cell/Pager | Email |
|------|------------|------------|-------|
| | | | |

ACCOMMODATION

I would like to share my room with _____

I prefer a Twin (2 single beds) or Double (1 double/queen/king bed where available)

- Please assign a roommate
- I prefer a single room (Single supplement charge will apply)
- I am a smoker _____ packs/day

PAYMENT

LAND & AIR COST check

CANCELLATIONS

Non-refundable cancellation charge: \$300pp

45-60 days prior to departure: 25% of land cost

31-45 days prior to departure: 50% of land cost

30 days or less prior departure: No refund

PRE-TRIP QUESTIONNAIRE

We've constructed this list of questions to give you a chance to tell us something about yourself, your goals, expectations, and experiences. Our trip leaders, with whom we'll share this information, are especially enthusiastic about this idea, as it will give them a much better idea of your special needs and interests.

What are you especially looking forward to on this trip?

Do you have any specific concerns, needs, or interests that we should be aware of?
(e.g., accommodations, amount of free time, etc.)

Have you traveled to this region before or taken any similar trips in the past?
(And can you give us some details? Where? With what company?)

Do you exercise regularly? Please explain your regimen (frequency, type, time/distance)



GEOGRAPHIC EXPEDITIONS

MEDICAL QUESTIONNAIRE

This medical questionnaire is an important way we ensure a safe journey for you. Your trip may entail traveling into areas where medical facilities are non-existent, and evacuation may be delayed for several days. We also need to point out that most trips do not include a staff physician.

Many of our travelers over the years have had a variety of medical conditions and have experienced no problems during the trip. But we must be aware of these conditions and it is very important that you be very complete and candid in providing us with the requested information.

We endeavor to **prevent** medical problems in the field and it is critical that our trip leaders possess all relevant medical history to manage a medical emergency. **FAILURE TO DISCLOSE SUCH INFORMATION COULD RESULT IN SERIOUS HARM TO YOU AND YOUR FELLOW TRIP MEMBERS.**

If we have any questions about your ability to participate in the trip, we will call and discuss it with you and/or your doctor (with your permission). We might require your physician to sign a medical certificate. Geographic Expeditions reserves the right to disqualify anyone at any time before or during the trip for medical or psychological reasons. Each trip participant is responsible for any medical expenses. We cannot refund costs of medical examinations or other expenses you incur in preparing for the trip. If your trip requires a medical certificate signed by a doctor, normal cancellation penalties apply if your doctor does not sign the certificate. We highly recommend that you purchase trip cancellation insurance.

If you arrive at the start of your trip with a preexisting condition or injury, which is not indicated on your medical forms, and you are subsequently forced to leave the trip because of this condition, you will be charged all extra evacuation expenses and will not receive a refund of any unused trip services.

| | | |
|------|------|-----------|
| Name | Trip | Trip Date |
|------|------|-----------|

QUESTIONNAIRE

If you check yes to any question below, please provide an explanation. Every item must be completed. Your place on the trip you have selected will only be confirmed when we receive all forms, filled out and signed.

1. What is your **Height** _____ and **Weight** _____?

| | | | | | | | | | | | | | | | | | |
|--------------------------|----------------------------|---|---------------------|---------------------|-----------------------------------|----------------------|-----------------------|-----------------------------|----------|-----------|----------------------------|-----------|----------------------------|-------------------|----------------|-----------------|---------------------------|
| YES | NO | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have any present medical problems? <i>If yes, please explain.</i> | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is a medical professional monitoring your condition? | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have any special dietary requirements? | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you currently have any of the following symptoms? <i>If yes, please circle and explain.</i> | | | | | | | | | | | | | | | |
| | | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Shortness of Breath</td> <td style="width: 33%;">Heart palpitations</td> <td style="width: 33%;">Chest Pain/pressure with exertion</td> </tr> <tr> <td>Unexplained sweating</td> <td>Dizziness/Fainting</td> <td>Muscle Cramps</td> </tr> </table> | Shortness of Breath | Heart palpitations | Chest Pain/pressure with exertion | Unexplained sweating | Dizziness/Fainting | Muscle Cramps | | | | | | | | | |
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| Unexplained sweating | Dizziness/Fainting | Muscle Cramps | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever had any of the following? <i>If yes, please circle and explain.</i> | | | | | | | | | | | | | | | |
| | | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Heart Disease</td> <td style="width: 33%;">High Blood Pressure</td> <td style="width: 33%;">Asthma/Lung Disease</td> </tr> <tr> <td>Sleep Disorders</td> <td>Hepatitis or Jaundice</td> <td>Stomach/Intestinal Problems</td> </tr> <tr> <td>Diabetes</td> <td>Arthritis</td> <td>Foot, leg or back problems</td> </tr> <tr> <td>Frostbite</td> <td>Epilepsy/Seizure Disorders</td> <td>Altitude Sickness</td> </tr> <tr> <td>Mental Illness</td> <td>Motion Sickness</td> <td>Vision/Hearing Impairment</td> </tr> </table> | Heart Disease | High Blood Pressure | Asthma/Lung Disease | Sleep Disorders | Hepatitis or Jaundice | Stomach/Intestinal Problems | Diabetes | Arthritis | Foot, leg or back problems | Frostbite | Epilepsy/Seizure Disorders | Altitude Sickness | Mental Illness | Motion Sickness | Vision/Hearing Impairment |
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| Sleep Disorders | Hepatitis or Jaundice | Stomach/Intestinal Problems | | | | | | | | | | | | | | | |
| Diabetes | Arthritis | Foot, leg or back problems | | | | | | | | | | | | | | | |
| Frostbite | Epilepsy/Seizure Disorders | Altitude Sickness | | | | | | | | | | | | | | | |
| Mental Illness | Motion Sickness | Vision/Hearing Impairment | | | | | | | | | | | | | | | |

YES NO

7. Are you taking any prescriptive medications regularly? Indicate dosage, and for what conditions.

| Medication | Dosage | Treatment for what condition(s)? |
|------------|--------|----------------------------------|
| | | |
| | | |
| | | |
| | | |

8. Have you been hospitalized in the past 5 years? Please note year & explain nature of hospitalization.

9. Do you have any allergies or reactions to any medications, foods, insects or other agents? Which ones and what effects?

10. Does your health prevent you from participating in any physical activities?

11. Do you smoke or use tobacco products? _____ packs/day

12. Do you use alcohol? How much/How often?

13. Does your personal health insurance cover medical expenses, assistance and evacuation expenses outside of the United States? *If not please contact our office for a supplementary international medical insurance brochure – a plan that augments the coverage Geographic Expeditions automatically provides all travelers.*

Health Insurance Carrier _____

Geographic Expeditions respects your privacy. Your information will be held in strict confidence and will not be shared or disclosed except under specific circumstances as described below.

I hereby certify to Geographic Expeditions that I have accurately described my fitness for travel by fully disclosing the current state of my medical, psychological, and physical condition. If my health changes before the scheduled date of travel, I will promptly notify Geographic Expeditions.

I take full responsibility for my medical, psychological and physical condition for the duration of my travels with Geographic Expeditions. I am unaware of any medical, psychological and physical problems that would, in any way, impair my ability to safely complete the trip, nor am I aware of any health related condition or limitation that might impact the safety, security, or comfort of my traveling companions. Should any health related problems arise during my travels with Geographic Expeditions, I will immediately notify the Trip Leader and take full responsibility for promptly accessing necessary and appropriate medical care. I take full responsibility for possessing adequate medical health insurance coverage to pay for medical care I may require during my travels with Geographic Expeditions.

In the event of a medical emergency during my travels with Geographic Expeditions, I hereby authorize Geographic Expeditions to release the information contained in this Personal Information Form – including the Medical Questionnaire - to any medical practitioner providing care to me, including Geographic Expeditions' Medical Advisor, and Travel Guard Assist, Geographic Expeditions' designated emergency assistance company.

I understand that Travel Guard Assist will provide certain assistance services when I am outside of my home country. In the event of illness and/or injury, I hereby authorize Geographic Expeditions and Travel Guard Assist to contact and share health-related information with the individuals, physicians, and organizations listed as Emergency Contacts on the Personal Information Form.

Applicant's Signature _____ **Date** _____

Sign, date and return this form to Geographic Expeditions immediately.



Please read carefully and sign
This is a legally enforceable waiver

NAMES OF TRAVELERS _____

TRIP The Silk Road _____

TRIP DATE July 22 - August 5, 2009 _____

RELEASE AND LIMITATION OF LIABILITY

Geographic Expeditions, Inc., its employees, shareholders, officers and directors (collectively, "GeoEx") does not own or operate any entity which is to or does provide goods or services for your trip, including, for example, lodging facilities, transportation companies, guides, food service providers, equipment suppliers, ground and safari operators, etc., some of which may utilize the GeoEx name. Some of these third parties are entities or individuals with whom GeoEx may be required to deal with by foreign governments. GeoEx is not responsible for any negligent or willful act or failure to act of any person or entity it does not own or control, nor for any act or inaction of any other third party not under its control.

I understand that the normal level of medical treatment and services, including the presence of a physician or any other trained medical professional and/or the availability of prescription-type and/or over the counter-type drugs, may not be possible. I understand and acknowledge all of these risk factors.

Without limitation GeoEx is not liable for any direct, indirect, consequential, or incidental damage, injury, death, loss, accident, delay, inconvenience or irregularity of any kind which may be occasioned by reason of any act or omission beyond its control, including, without limitation, any willful or negligent act, failure to act, breach of contract of any third party such as an airline, train, hotel, restaurant or food supplier, bus, taxi, van or safari operator, local outfitter or guide, whether or not it uses the GeoEx name, which is, to, or does supply goods or services for this trip. GeoEx is not responsible for any loss, injury, death or inconvenience due to delay or changes in schedule, overbooking or downgrading of accommodations, insolvency or default of any third party, attacks by animals, sickness, the lack of appropriate medical care, evacuation to same, if necessary, weather, strikes, acts of God or government, acts of terrorism or the threat thereof, force majeure, war, quarantine, epidemics or the threat thereof, criminal activity, or any other cause beyond its control. In addition, I agree to hold GeoEx harmless from its own negligence.

I am aware that travel within a group situation invariably involves compromise to accommodate the diverse desires, travel goals, personalities, and physical abilities of group members. I have been advised that my tour leader may be required to improvise and exercise his or her discretion and/or make decisions based upon his or her own judgment and/or upon the consensus of the group which may not please me personally. I understand and accept these aspects of group travel.

GeoEx reserves the right, either prior to or after departure, to change or reprice any tour, trip or expedition due to acts of insurrection, strikes, acts of God, or any other cause beyond its control. This includes, but is not limited to, the right of GeoEx to alter or omit any part of the itinerary, to substitute hotels, leaders or trip features, or to change any means of conveyance without notice and without allowance of refund, with the liability for increased costs, if any, to be borne by trip members. GeoEx reserves the right to pass on fuel surcharges or other cost increases beyond its control.

I accept that while traveling to GeoEx destinations, disruptions and situations may and oftentimes do occur, including, but not limited to delay; partial or complete changes in timing or routing of itinerary; changes in announced trip leaders; changes in grades of or location of lodging or camping accommodations; modes or quality of air, land, and/or sea transport.

If GeoEx cancels any tours, treks, or expeditions, or portions thereof, due to acts of insurrection, strikes, acts of God, or any other cause beyond its control, refunds will be based upon the difference between the original trip price and the cost of services already provided.

I agree that if any such situations arise, GeoEx may have to make last-minute decisions to address the changed circumstances. I agree to release GeoEx from any and all liability whatsoever in connection with such decisions. I understand and agree that GeoEx does not guarantee conformity with the itinerary or itineraries that have been furnished to me.

Trip members grant GeoEx express permission to take photographic records of its trips for promotional and commercial use without compensation to trip members. GeoEx reserves the right to accept or reject any person as a trip member at any time.

I am aware that travel may entail risks including, but not limited to, the hazards of travel in politically unstable areas, the perils of civil disturbances and war, epidemics or the threat thereof, terrorism or the threat thereof, the forces of nature, arbitrary or capricious itinerary changes mandated by governmental authorities or other third parties, vehicular and other accidents, caused by acts beyond the control of GeoEx, by the negligent acts of third parties or of GeoEx.

All Trip Applications are subject to acceptance by GeoEx in San Francisco, California.

I knowingly assume the risk of third party negligence or of willful conduct and I fully release and hold harmless GeoEx from any and all liability for all of the acts or omissions of such third parties.

PARTICIPANT RESPONSIBILITY

Trip members assume the responsibility to selecting/designing a trip most appropriate to their physical abilities and interests. Members are responsible for being in sufficiently good health to undertake their trip and may be required to obtain a physician's release to participate in the trip. Members are also responsible for reading all pre-departure information; for bringing all detailed equipment and clothing; for conforming to the trip leader's directives, to adhere to standards of personal hygiene to minimize the risk of traveler's disease and for acting in a manner considerate of fellow group members and the countries visited. Smoking is not permitted in buses or cars, below decks on boats, in tented camps, or in other designated non-smoking areas.

I agree that this Assumption of All Risk, Release of GeoEx from Liability and Arbitration Agreement shall be legally binding upon myself, all minors under the age of 18 traveling with me, and my heirs, successors, assigns, and legal representatives. It is my intention fully to assume all of the risk of travel and to release GeoEx from any and all liabilities to the maximum extent permitted by law.

ASSUMPTION OF ALL RISK

I acknowledge the risk and hazards of travel in remote areas where injury, death, delay, or unanticipated events may occur. By signing this statement, I accept responsibility for my own welfare and waive any claims against GeoEx for liability to the maximum extent permitted by law.

I acknowledge and agree that the cost of all GeoEx trips has been based upon trip participants executing this document. I understand its contents and its legal ramifications, especially those pertaining to my full assumption of the risk of travel, my release of GeoEx from any and all liability to the maximum extent permitted by law, and my agreement to arbitrate any claims.

I acknowledge and agree that by participating in a GeoEx trip, I am doing so willingly and of my own volition. I understand that travel to GeoEx destinations may entail risks (and rewards) above and beyond those encountered in travel to destinations in the industrialized world. By signing below, I unconditionally understand and agree fully to assume all of the risks inherent in such travel. By signing below, I fully agree to release GeoEx from all liability in connection with my trip.

I confirm that I have read, fully understand, and agree to all of the terms and conditions contained in the GeoEx brochure, especially, but not limited to, the policies on cancellations, refunds, limitation of liability, and participant responsibility. I also confirm that I will fully read and understand the pre-departure information given to me by GeoEx, including all the health-related materials.

I understand that I am undertaking travel to remote geographical areas located in lesser-developed countries where, among other things, a sense of urgency, attention to detail, standards of quality, hygiene, political stability, cuisine, sanitation facilities, cleanliness, level of infrastructural development, telecommunications facilities, methods of conducting business; medical facilities and evacuation to same if and as necessary, etc., may be unavailable and/or unsatisfactory and/or not equivalent to those found in industrialized nations.

BINDING ARBITRATION

The parties agree to resolve any disputes concerning these Terms & Conditions, Release and Limitation of Liability And Assumption of All Risk, the literature for this trip, or the trip itself, by binding arbitration pursuant to the then existent commercial rules of the American Arbitration Association in San Francisco, California. In any such arbitration the substantive law, but not procedural law, of the State of California shall apply without any consideration or regard to the California Arbitration Act, or to California conflicts of law rules.

SIGNATURE _____

SIGNATURE _____

DATED _____

DATED _____

PRINT NAME _____

PRINT NAME _____

