

## **Registration Information**

### **‘A ONCE IN A LIFETIME PILGRIMAGE TO CENTRAL TIBET’**

**July 12-29 2010**

**COSTS: \$ 2780**

#### **THE ABOVE COSTS COVER:**

- Twin shared accommodation (guesthouse or hotel).
- Full board.
- Airport pick up and drop off service in Lhasa
- Tibet alien travel permit.
- Transport by Japanese land cruiser and supporting truck for baggage.
- Support staff including English-speaking guide and cook.
- Monastery entrance and national park fees.

#### **PLEASE NOTE THAT THE COSTS DO NOT COVER:**

- International airfare
- Chinese visa fee (visa has to be arranged prior to travel).
- Medical and other insurance coverage and emergency evacuation.
- Excess baggage on flights
- Phone calls and faxes during the pilgrimage
- Personal beverages.
- Tips for the support staff.
- Local donations to the monasteries.

**REGISTRATION:**

A deposit of US\$ 500.00 per person is required at the time of booking with Olmo Ling. Your deposit secures your reservation. The balance of the pilgrimage cost is due by Friday April 16. The deposit can be paid by check or by credit card, using the form on the last page of the registration letter.

**CANCELLATION:**

For cancellations received until June 1, a cancellation fee of 30% of the total cost will be charged. Between June 1 and Friday June 18, the cancellation fee will be 50% of the total cost. We cannot reimburse the trip costs for cancellations received after June 18. We suggest that you purchase appropriate travel insurance to cover your costs for these cases.

**TRAVEL DOCUMENTS REQUIRED:**

Depending on your country of origin/passport, please check with the Chinese Embassy what document (visa, passport) you may need to enter China.

**WEATHER AND CLOTHING NEEDS:**

Details will be provided upon registration.

**HEALTH CONCERNS:**

We recommend preventive shots for Hepatitis A and Tetanus.

**EACH PARTICIPANT IS REQUESTED TO PROVIDE TO OLMO LING THE FOLLOWING DETAILS:**

- Name as it appears on passport
- Gender
- Date of birth
- Passport Number
- Date of Issue of Passport
- Date of Expiry of Passport
- Place of Issue of Passport

**LIABILITY:**

Olmoling and Tempa Dukte Lama, while undertaking tours, treks, transportation, hotel accommodation and other services, only act on the clear understanding that they shall not in any way be responsible or liable for any accident, damage, loss, delay or inconvenience caused in connection with travel and other facilities arranged by Olmoling, their employees or agents. We always do our best to make your journey smooth and pleasant. However, as all the Tibet tours and treks are run strictly under the oversight of Tibet Tourism Bureau, Olmo Ling and its agents cannot be held responsible for any alternation or cancellation of the program due to unavoidable circumstances beyond our control, such as road blockades, landslides, snow or severe weather, political unrest, cancellation of flights, delayed arrivals, sickness or accidents. Any extra cost incurring thereof shall be borne by the clients. We advise our clients to have full insurance against trip cancellation and medical and personal accident risk.

**MEDICAL INFORMATION FORM:**

To be prepared for medical emergencies during the pilgrimage. We require all participants to provide the following information. This information will remain confidential.

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Please circle any of the following that may apply, give details in the space provided or on the back of this sheet**

**Current medication(s):** \_\_\_\_\_

**since** \_\_\_\_\_

**Allergies (including insect bites/stings)** \_\_\_\_\_

**Hypoglycemia: since** \_\_\_\_\_

**Altitude sickness:** \_\_\_\_\_

**Susceptibility to headaches:** \_\_\_\_\_

**Hospitalized during the past 12 months? If yes, why?** \_\_\_\_\_

\_\_\_\_\_

**Appendicitis: Date:** \_\_\_\_\_

**Diabetes:** \_\_\_\_\_

**Epilepsy:** \_\_\_\_\_

**Heart problems/Blood pressure:** \_\_\_\_\_

**Kidney disease:** \_\_\_\_\_

**current medication(s):** \_\_\_\_\_

**Back, knee or other joint injuries? If yes: when?:** \_\_\_\_\_

\_\_\_\_\_

**Counseling history:** \_\_\_\_\_

**Other concerns:** \_\_\_\_\_

\_\_\_\_\_

**Your degree of fitness( in your own words):** \_\_\_\_\_

\_\_\_\_\_

**Dietary preferences:** \_\_\_\_\_

\_\_\_\_\_

**Medication and remedies that you would like us to add to the first aid kit:** \_\_\_\_\_

\_\_\_\_\_

**Medication/remedies that you will be bringing:** \_\_\_\_\_

\_\_\_\_\_

**Health Insurance:** \_\_\_\_\_

**Group #:** \_\_\_\_\_

**Last medical visit date and doctor:** \_\_\_\_\_

\_\_\_\_\_

**Last medical check-up date and doctor:** \_\_\_\_\_

\_\_\_\_\_

**Last tetanus shot, date:** \_\_\_\_\_

**Your doctor:** \_\_\_\_\_

**Hometown /phone:(\_\_\_\_) \_\_\_\_\_**

**Contact in case of emergency:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home/ phone: (\_\_\_\_) \_\_\_\_\_**

**Does this person know you are participating in this pilgrimage? Yes/No**

**This information is accurate and complete. I agree to cooperate with Olmo Ling to design my wilderness practice and pilgrimage with full consideration of my health history and health concerns**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

## **RELEASE AND ASSUMPTION OF RISK FORM**

**Please return to: Olmo Ling**

**1101 Greenfield Ave**

**Pittsburgh, PA 15217**

**Phone: 412-904-1112, Fax: 412-409-1112**

**bon@olmoling.org**

### **OLMOLING RISK AND LIABILITY:**

Olmoling and its representatives hereby give notice that they are acting as agents for hotels, transportation operators, tour guides and suppliers, and will not be held liable for any changes or alteration of the schedule due to natural causes, airline delays and changes, political unrest, illness, or other factors which are beyond their control. They are unable to assume responsibility for the condition, operation or safety of any aircraft, vehicle, or accommodation which may be made available to participants in an Olmoling pilgrimage. Olmoling reserves the right to accept or reject any person as a trip member at any time. In the case of inconvenience, injury, loss or damage to clients, any extra cost in the above mentioned situations shall be borne by the clients. Olmoling reserves the right to change, cancel or reprice any portion of this trip when deemed necessary. In the unlikely event of a trip cancellation, Olmoling will reimburse clients all monies due based upon the difference between the quoted trip price and the cost of services already provided. Participants on this pilgrimage assume the responsibility to be in good health and physical condition before the departure date, and are responsible for studying all pre-departure information as well as obtaining all of the necessary provisions as described in the trip information packet.

I acknowledge and understand the risks of travel in remote areas where injury, delay, or unpredictable events may occur. I am aware that trip activities necessarily involve certain dangers and risks, including but not limited to: forces of nature; injuries that may be associated with exposure to the elements; injuries that may be associated with hiking, backpacking, climbing and swimming; injuries that may be associated with traveling to and from the pilgrimage/wilderness site; disease associated with international travel. With this awareness, affirming that my participation in any activity in this trip is my own choice, and in partial payment for the right to participate in this program, I hereby assume full responsibility for such dangers and risks, and I expressly release and will hold harmless Olmoling and its agents and associates from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever, which I now have or which may arise from or in connection with this program/pilgrimage or participation in other such activities. I agree to indemnify and hold harmless Olmoling for all special expenses incurred by it in connection with any injury or danger suffered by me. The terms hereof shall constitute a release and assumption of risk by me and by all members of my family, including minors accompanying me, and shall be binding on my heirs, executors, and administrators and on those of my family. I agree that if any portion of this release of risk/liability form is found to be void, the remaining portions of this agreement will remain valid.

**Signature:**\_\_\_\_\_ **Date (m/d/yr):**\_\_\_\_\_

**Name ( in print):** \_\_\_\_\_  
**PLEASE FILL OUT THIS FORM AND SEND, FAX OR EMAIL TO:**

**Olmo Ling**  
**1101 Greenfield Ave**  
**Pittsburgh, PA 15217**  
**Phone: 412-904-1112, Fax: 412-409-1112**  
**bon@olmoling.org**

**Name (as appears on passport):** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone(s):** (\_\_\_\_) \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Place of Issue:** \_\_\_\_\_

**Date of Issue:** \_\_\_\_\_

**Date of Expiration:** \_\_\_\_\_

**To pay the \$500 deposit by credit card, please provide your credit card information below:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Credit card type: ☐ Visa ☐ Master ☐ Discover

Card # \_\_\_\_\_

Expiration MM/YR \_\_\_\_\_ / \_\_\_\_\_