

TOUR APPLICATION FORM

For each trip, the applicant must complete and sign this form. Please make copies for your own records, read the application carefully, complete it thoroughly, and sign on the bottom of the last page where indicated. All three application pages must be received with your \$200 deposit to confirm your reservation. You can e-mail the completed form to info@greenclovertour.com

Tour Name:							Trav from	el date :				Travel date to):		
First Name:					La	st Name:				Midd	le N	ame:			
Gender:				Age:			Weig	ht:				Height	:		
Address:			Į.				•								
City:				State/ Province	9		Zip/ Code	Postal e:			С	ountry:			
Country code:			Phoi	ne iber 1:	•		•	Count code:	ry			Phone 2:			
Email address:						Occupati	on:					Smoke Non-si		er	
Passport Number:				Ex	piration Da	ate:			Passpo Issue:	ate of					
Place of Issie:							Citiz	enship:							
Birthplace:								ndate: th/ Day,	/Year)						
Blood type:						Who are you traveling with:									
Accommodati	ons:						•			•					
						ger (yurt)									
	Double occupancy (name of accompanying traveler) Single preferred (not guaranteed in all gers and will require additional payment)														
		Sir	ngle	preferre	d (not	guarantee	d in al	l gers a	nd wil	l requi	re a	dditiona	l pa	yment) []
Personal I have no medical or dietary restrictions, except as Information:															
iniormation:	follows:														
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I am in good ph	nysica	l cond	dition	to under	take th	is trip, with	the po	ssible fo	lowing						
exception(s)															
					•••••										

Do you have any	food or medicine alle	rgies? No 🗌 Yes 📗	If so, please write i	n detail			
Name, address, a	ind phone number of	your physician for co	ntact in case of eme	ergency (optional):			
Name:			Phone number:				
Address:							
Addiess.							
City:			State/Province				
2.07							
Name, address, p	hone number, and re	lationship of 2 people	who are not trave	ling with you for conta	act in case of		
emergency	•			,			
The first			Relationship:				
person's name:							
Phone number:			Email:				
Address:							
Address.							
Cit		Chaha / Duaninaa		C			
City:		State / Province:		Country:			
C			Dalatianahina				
Second			Relationship:				
person's name							
Phone number:			Email:				
Address:							
City:		State / Province:		Country:			
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L/tho "Participan	t") understand and as	roo as a condition o	of my accontance to	 participate in this tri	that there is a		
•				tand and agree that I			
	•		•	ize other terms and co			
hereinafter set fo		icase the Ger Homine	ionity. Taiso recogni	ize other terms and ex	Situations		
		d and agree that the (GCT, a Mongolian to	our operator, acts onl	v in the capacity of		
		-		rvices included in this			
~	-	· ·		loss, accident, delay,			
			_	re to act by any carrie	-		
•	•	•		y of their employees o			
	~ '			nachinery or equipme	•		
improper visas, health certificates, or other required documents; any acts of any governmental authority; any strikes or							
civil disturbances; sicknesses or quarantines; weather issues and natural disasters; hostilities or acts of war; or any other							
force majeure.	·						
The GCT also doe	es not assume nor sha	ll it hold any responsi	bility or be liable fo	r any injury, damage,	illness, death, loss,		
accident, delay, e	expense, or other irreg	gularity to the Particip	ant due to any rout	ting changes in travel,	any changes in the		

modes of travel, or any risks and dangers associated with travel in general, and specifically with such physical activities that may include, but are not limited to mountain climbing, horse riding, kayaking, canoeing, rafting, camel trekking, and overland hiking/trekking.

Any additional charges or expenses that may arise from any delay or unexpected extension of this tour or arising from any of the previously described acts or events will be the Participant's responsibility. The GCT also reserves the right to decline to accept any person as a Participant in the tour or refuse to retain any Participant in the tour and shall have the right to remove any Participant during the tour at such Participant's expense.

Finally, the GCT reserves the right to adjust the itinerary and make changes in the modes of ground and air travel, changes in the accommodations or hotels, or other changes in the tour without prior notice. In addition, any Participant's contract in using any airline and any other public carrier shall be the sole contract between said carrier and the Participant.

ASSUMPTION OF RISKS OF TRAVEL AND RELEASE FROM LIABILITY I further understand that I am undertaking travel to lesser developed countries. In addition to the rewards associated with such travel, there are some inherent issues that I may encounter due to circumstances and situations associated with such travel. I understand that the issues that I may encounter could be more frequent than the problems inherent to travel in more developed countries. With this understanding, I assume and release GCT from any and all liability for any injury, damage, death, loss, accident, delay, expenses, or other irregularities arising from any of the unexpected events, risks, dangers, and other situations listed above.

Please note that the GCT will attempt, in good faith and subject to sound business judgment, to make all reasonable efforts and necessary changes, to the extent possible, in the travel itinerary so as to adapt to any of these potential circumstances while yet complying to an extent reasonably possible to the published itinerary. Once again, by signing this agreement, I assume and release the GCT from any responsibility or liability for any injury, damage, illness, death, loss, accident, delay, expense, or other irregularity to the Participant due to any act of or default or negligence or failure to act by any carrier, hotel, restaurant, company or person rendering any of the services included in this tour—or by any of their employees or agents.

I recognize that these consequences may arise due to factors that include, but are not limited to, any breakdown of machinery or equipment; the issuance of improper visas, health certificates, or other required documents; any acts of any governmental authority; any strikes or civil disturbances; sicknesses or quarantines; weather issues and natural disasters; hostilities or acts of war; or any other acts beyond the control of these agents. I understand that all rates for transportation, hotels, and other services are based on tariffs and exchange rates in effect when printing the price list for said tour and are subject to increase without prior notification in the event of changes therein.

I further understand that all trip applications are subject to acceptance by GCT. Because there are certain risks and dangers explicitly associated with the physical activities inherent to adventure travel—including (but not limited to) mountain climbing, horse riding, kayaking/canoeing/rafting, camel trekking, and hiking/trekking—at points where you might choose to engage in these activities you will be required to sign an additional release of liability before undertaking said activity. GCT is not responsible for lost or damaged personal property or any injuries you may sustain on this trip or during any activities you choose to engage in. (Note: If you have any questions about this or related liability issues, please call us concerning the risks involved with the activities on this trip.) Given the unpredictability of traveling in lesser-developed countries, all itineraries and arrangements are subject to change without prior notice.

However, the GCT will attempt to provide advanced notice of any changes to itinerary or services to the extent possible. GCT reserves the right to adjust itineraries as deemed necessary or to postpone or substitute itineraries or services if travel conditions may jeopardize the health and/or safety of the travelers or prevent the itinerary from operating as scheduled. The traveler will be responsible for any additional charges incurred arising from the postponement, delay, or extension of a trip or adjustment to the itinerary due to weather, equipment failure, flight schedule changes, illness, or other causes beyond our control.

All of the information and assumptions set	forth above are true and correct.
Signature:	Date: