

FARMERS & MERCHANTS BANK PRESENTS

New Orleans



INCREDIBLE PRICE INCLUDES:

- ◆ Motorcoach transportation
- ◆ 5 nights lodging including 3 consecutive nights in the New Orleans area
- ◆ 8 meals: 5 breakfasts and 3 dinners
- ◆ GUIDED TOUR OF NEW ORLEANS
- ◆ Admission to the NATIONAL WORLD WAR II MUSEUM
- ◆ GUIDED TOUR OF A LOUISIANA PLANTATION
- ◆ Admission to MARDI GRAS WORLD
- ◆ Relaxing RIVERBOAT CRUISE on the Mississippi River
- ◆ Enjoy Historic New Orleans French Quarter

For more pictures, video, and information visit:
www.GroupTrips.com/FarmersandMerchantsBank

\$700*

6 Days 5 Nights

*PER PERSON, DOUBLE OCCUPANCY

(Mon - Sat)
 Jun 12 - 17
 2023



View the French Quarter



Jackson Square



New Orleans - "Birthplace of Jazz"



Enjoy a Riverboat Cruise

Departure: Farmers & Merchants Bank, 530 South Main St, Saint Clair, MO @ 8 am, then Farmers & Merchants Bank, 1010 Crossroads Pl, High Ridge, MO @ 9 am

Day 1: Depart your group's location in a spacious, video and restroom equipped Motorcoach as you set off for exciting New Orleans! This evening, you will settle into a comfortable en route hotel for a good night's rest.

Day 2: After enjoying a Continental Breakfast, you'll arrive in New Orleans. Today you will enjoy a visit to the NATIONAL WORLD WAR II MUSEUM. You will take in a cinematic experience on their 120 feet wide screen. It is a jaw-dropping experience in 4-D, a technique that engages all the audience's senses with digital effects, life sized animation, as well as film and sound. This evening, you will Dine at a local New Orleans restaurant. Then, you'll check into your New Orleans area hotel for a three night stay.

Day 3: After a Continental Breakfast, you'll journey beyond the city limits of New Orleans and discover the Destrehan Plantation, listed on the National Register of Historic Places. Discover what it is like to live in another time as you are guided through the lovingly restored main house and its exhibits by a friendly and entertaining costumed guide. Wander among the other authentic buildings on the plantation grounds, see the plantations daily demonstration, or browse through authentic gifts in the Destrehan Plantation's Gift Shop. Then, depart for New Orleans. Enjoy free time in the French Quarter. Do some shopping, stop to hear great music in the French Quarter – or just see the sights. This evening, you will enjoy Dinner with entertainment.

Day 4: After a Continental Breakfast, enjoy a GUIDED TOUR OF NEW ORLEANS and learn about the past and present of what makes this unique city a treasure. Next, you will head to Riverwalk, which features over 75 retailers and restaurants. Later, you will go on a relaxing RIVERBOAT CRUISE on the Mississippi River. Wind down as you set sail and explore the Mississippi River. This evening, you will Dine at a local restaurant.

Day 5: After a Continental Breakfast, you will depart for MARDI GRAS WORLD. Learn about the history of Mardi Gras, watch artists at work and enjoy a slice of the famous King Cake! Then depart for the French Market District. Since 1791, the French Market has served and entertained millions of visitors in the French Quarter. This evening, relax at your en route hotel.

Day 6: Today after enjoying Continental Breakfast, you depart for home... a time to chat with your friends about all the fun things you've done, the great sights you have seen, and where your next group trip will take you!

NEW ORLEANS

PICKUP LOCATION ST. CLAIR HIGH RIDGE

SEND RESERVATION & DEPOSIT TO: FMB TRAVEL CLUB, P.O. BOX 635, ST. CLAIR, MO. 63077 ATTN: JOYCE

\$75.00 (per person) deposit due by FEB. 8, 2023 Balance due by MARCH 25, 2023

NAME: _____ PHONE: _____

Address: _____ City _____ State/Zip _____

NAME: _____ PHONE: _____

Address: _____ City _____ State/Zip _____

Room type: (circle one) **BANK CUSTOMER** Double \$700.00 Single \$910.00

NON-BANK CUSTOMER Double \$750.00 Single \$960.00

SPECIAL DIETARY NEEDS: _____ BED TYPE: _____ 2 QUEENS _____ 1 KING

Trip payment enclosed: _____ (payable to FMB Travel Club)

Insurance payment enclosed: _____ (payable to Travel Insured International)

Insurance premium is based on trip cost. Please refer to enclosed insurance brochure for prices and coverage.

Don't forget to send the signed Release of Liability Waiver for New Orleans Trip with your Deposit & Registration

Please sign & return this Release of Liability Waiver along with your deposit & registration for

THE NEW ORLEANS TRIP

RE: Tour # 1949187; New Orleans; June 12, 2023

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY

RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS - COVID-19

I understand that the Centers for Disease control and Prevention (CDC) has issued safety guidelines. I certify that I have reviewed these guidelines (available on www.CDC.gov).

My participation on this trip is contingent upon the following being true the day of departure:

- I am not currently experiencing any symptoms of COVID-19 and am not currently undergoing treatment for COVID-19 or have been directed to self-quarantine.
- During the 14 days prior to trip participation, I have not come into close contact with anyone I know who is currently infected with COVID-19, undergoing treatment for COVID-19, who has been directed to self-quarantine or who has symptoms of COVID-19 and is awaiting a test or a test result.
- I will wear a face mask if required.

ON THE DEPARTURE DATE OF THIS TRIP, I WILL RECONFIRM THE ABOVE INFORMATION IS TRUE. IF RECONFIRMATION IS NOT AGREED TO, I WILL NOT BE ALLOWED TO BOARD THE MOTORCOACH.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to COVID-19 by participating in this group trip and that such exposure may result in contracting COVID-19. I understand and acknowledge that, at times during my participation on this trip (including but not limited to the travel on the motorcoach), I may not be able to maintain the recommended guidelines for social distancing of 6' (six feet) from other people.

Trip participants are responsible for their own safety and must show consideration for the safety of other participants. I agree to take full responsibility for my own actions, safety and welfare. I understand my non-compliance with these measures may result in me not being able to continue on this trip.

I understand that my participation on this trip is at my own risk and I hereby agree to indemnify, hold harmless, and release the Group Leader and Diamond Tours, Inc. as well as their present, former and future owners, officers, directors and employees from all actions, suits, claims and demands, including but not limited to actions for negligence, that I or my heirs, executors, agents, administrators or assigns have or may have, either known or unknown, arising out of my participation on this trip.

I UNDERSTAND THAT IN THE EVENT I AM NOT FULLY VACCINATED AGAINST COVID-19, DIAMOND TOURS, INC. HIGHLY RECOMMENDS THAT I CONSULT WITH MY HEALTH CARE PROVIDER TO DETERMINE IF I SHOULD TRAVEL.

I HAVE READ THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RESPONSIBILITY, RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND FULLY UNDERSTAND ITS CONTENTS. I ENTER INTO IT OF MY OWN FREE WILL.

THE SIGNING OF THIS DOCUMENT IS A REQUIREMENT FOR MY PARTICIPATION ON THIS TRIP.

Name of Participant

Participant Signature / Date

W-NVR 05172021.1026

with the **Travel Confident® Protection Plan!**

Travel Protection - Same Price - Regardless of Age!

PLAN BENEFITS INCLUDE:

Trip Cancellation¹: You are covered for your **your unused, prepaid, non-refundable trip costs** in the event you must cancel your trip for a covered reason, such as one of the reasons below.

Trip Interruption¹: This covers the unused portions of your land or water travel arrangements, plus the additional transportation costs paid, if you must interrupt your trip due to a covered reason, such as the following:

Sickness, Injury or Death to you, a traveling companion, a family member, or a business partner

Jury Duty or being required to appear as a witness in a legal action

A Strike that causes your common carrier to cease operations for at least 18 hours

Losing Your Job where you have worked for at least 1 year

Terrorist Attack or Hijack

Inclement Weather that causes your common carrier to cease operations for at least 18 hours

Natural Disaster or Burglary that causes your home to become uninhabitable

Getting into a Traffic Accident on your way to your trip's departure point

¹ Please note that the covered reasons for Trip Cancellation coverage are not identical to the covered reasons for Trip Interruption coverage, and additional terms apply to all covered reasons.

You are covered for the "single supplement" surcharge if your roommate cancels or interrupts for one of the above reasons.

**QUESTIONS?
CALL 1-855-376-2037**

2 EASY Ways to Signup:

INTERNET - Signup at www.travelconfident.com (Internet signup is not available to residents of the State of New York.)

MAIL - Give a check to your Group Leader in the amount indicated by the table made out to "Travel Insured International"

Trip Cost (per person)	=	Travel Confident® Cost (per person)
Up to \$500	=	\$38
\$501 - \$600	=	\$48
\$601 - \$700	=	\$62
\$701 - \$1,100	=	\$72
\$1,101 - \$1,500	=	\$96
\$1,501 - \$2,000	=	\$132

RECEIVE THIS BENEFIT!

ACT NOW so you are eligible for a **PRE-EXISTING CONDITION** waiver! You must purchase the travel protection plan within **14 days** of the date of your initial payment or deposit.

Review the complete terms in the exclusion section of your plan document.

Baggage and Personal Effects - Up to a maximum of \$1,000! If your baggage is lost, stolen or damaged!

Medical Expense - Up to a maximum of \$5,000! If you are injured or become ill on the trip. You also are covered for up to 750 in emergency dental treatment.

Medical Evacuation and Repatriation of Remains - Up to a maximum of \$20,000! Should a severe illness require immediate care and a local hospital cannot meet your needs, this covers the cost to transport you to the nearest hospital where you can receive appropriate treatment. A toll-free call to 1-800-494-9907 starts the arrangements. If you are traveling alone, you are also covered for the airfare of a companion to join you at the hospital (additional terms apply).

4/7 Non-Insurance Assistance Services Included: Lost Baggage Retrieval • Prescription Drug/Eyeglass Replacement • Medical or Legal Referrals • Emergency Cash Advance • Translation Services • Payment to the Assistance Company is Your Responsibility.

**** TIPS FOR TRAVELERS ****

- Cancel with your Group Leader as soon as you are aware of the need to cancel.
- In the event you need to file a claim, contact Travel Insured International at 1-855-376-2037 as soon as possible. Be prepared to provide proof of payments for all portions of your trip, including the travel protection plan.
- Get detailed medical statements from treating physicians where and when an accident or sickness occurred. Save your receipts, proof of all payments and proof of coverage.
- If you have purchased the Travel Confident Protection Plan, for medical evacuation call the Assistance Company at 1-800-494-9907 or collect at 1-603-328-1707. Be sure to call before you incur any expenses!

This advertisement contains highlights of the plans, which include travel insurance coverages underwritten by United States Fire Insurance Company under form series T7000 et. al., T210 et. al. and TP-401 et. al. The Crum & Forster group of companies is rated A (Excellent) by AM Best 2020. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The plans also contain noninsurance Travel Assistance Services provided by C&F Services through Active Claims Management (2018) Inc., operating as Active Care Management. Coverages may vary and not all coverage is available in all jurisdictions. Insurance coverages are subject to the terms, limitations and exclusions in the plan, including an exclusion for pre-existing conditions. In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions, and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. Your travel retailer may be compensated for the purchase of a plan. CA DOI toll free number: 800-927-4357. MD Insurance Administration: 800-492-6116 or 410-468-2340. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured: 855 Winding Brook Drive, Glastonbury, CT 06033; 855-376-2037; customer-care@travelinsured.com; California license #0113223.

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, or Family Member scheduled and booked to travel with You.

The following exclusion(s) appl(y)(ies) to the Trip Cancellation and Trip Interruption and Medical Expense.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. a Pre-Existing Medical Condition, as defined in the certificate.

The following exclusions apply to the Medical and Dental Expense benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. routine physical examinations or routine dental care;
2. traveling for the purpose or intent of securing medical treatment or advice;
3. Alcohol or substance abuse or treatment for the same;
4. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the certificate is in effect;
6. Your participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
7. Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane;
2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed;
3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;
4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner;
6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. a loss or damage caused by detention, confiscation or destruction by customs;

The plan also contains exclusions specific to the Baggage and Personal Effects Benefits.

MEDICALLY FIT TO TRAVEL EXCLUSION:

We will not pay any expense as a result of You having been advised in writing that You, Your Traveling Companion, or Family Member scheduled and booked to travel with You are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the certificate.

If coverage for a Trip is purchased and it is later determined that You, Your Traveling Companion, or Family Member scheduled and booked to travel with You were not Medically Fit to Travel at the time of purchase of coverage for Your Trip, as defined in the certificate, the coverage is void and premium paid will be returned.