

# Guatemala

**Highlands Tour**  
February 2 – 11, 2018

**Tikal Extension**  
February 11 – 18, 2018

## Participant Registration

Please complete in full and return with deposit of \$400.00 for each tour you are registering for. Balance is due by October 2, 2017. Make checks payable to *Cheepers! Birding on a Budget*. Mail payment and 3-page form to:

**Cheepers! Birding on a Budget LLC**  
**PO Box 385**  
**Spring Valley, OH 45370**

Name (as it appears on passport) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address (please print clearly) \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Passport Number (must be good for 6 months from last day of trip) \_\_\_\_\_

Place of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

### I am registering for:

- Guatemala Highlands Tour, \$2495, \$400 deposit (\$222 Single supplement)
- Guatemala Tikal Extension, \$2295, \$400 deposit (\$285 single supplement)
- Guatemala Combined Tour, \$4290, \$800 deposit (\$507 single supplement)

**Cheepers! Birding on a Budget LLC reserves the right to make changes in the itinerary if the need should arise due to unforeseeable circumstances.**

## PHYSICAL CONDITION

Excellent

Good

Average

Poor

Dietary Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Health concerns (blood pressure, heart condition, etc) \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

**I acknowledge that** I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in this voluntary travel. In this regard, my health and accident insurance policy is provided by the provider named below.

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

Name of ins. Company and policy number: \_\_\_\_\_

**It is strongly recommended that trip participants purchase short-term traveler's insurance covering accident/life, lost baggage, and trip cancellations due to family emergencies and/or illness.**

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## ACCOMMODATIONS

I will be rooming with \_\_\_\_\_ Number of Beds (1 / 2) \_\_\_\_\_

I prefer single accommodations and will pay the single supplements (\$222 for main tour, \$285 for Tikal ext)

I would like to be assigned a roommate. If none is available, I will pay the single supplement (as above)

I heard about this trip from: \_\_\_\_\_

## Terms and Conditions

Reservations for each tour require a deposit of \$400.00. Payment in full is due by October 2, 2017.

All cancellations must be notified in writing.

If notice of cancellation is received before August 2, 2017, your deposit is fully refundable .

If notice of cancellation is received between August 2 and October 2, 2017, 50% of your deposit will be refunded.

Cancellations received after October 2, 2017, will not be entitled to any refund of deposits.

If cancellation occurs after full payment is made, a refund will be given only if the vacant spot is filled.

**Trip Cancellation Insurance is strongly recommended.**

**All participants** are required to sign the following *Release, Waiver of Liability and Covenant Not to Sue*.

### RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

*(Read carefully before signing)*

**The undersigned hereby acknowledges** that participation in any travel involves some risk and assumes all such risks. The undersigned hereby agrees that he/she does hereby waive liability, release and forever discharge **Cheepers! Birding on a Budget LLC**, Jim Beckman, and Cindy Beckman from any and all claims, demands, rights and causes of action of whatever kind of nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, including death, resulting from undersigned's voluntary participation in or in any way connected with such travel.

**I further covenant and agree** that I will not sue **Cheepers! Birding on a Budget LLC**, Jim Beckman, or Cindy Beckman for any claim for damage arising or growing out of my voluntary participation in travel.

Name of Participant **(Please Print)**: \_\_\_\_\_

Signature / Date:

**X**

\_\_\_\_\_ / \_\_\_\_\_