

# PANAMA

## Canopy Tower & Canopy Lodge Participant Registration

Please complete in full and return with a deposit of \$500.00 Balance is due on or before March 17, 2021. Make checks payable to *Cheepers! Birding on a Budget*. Mail payment and 4-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:

Budget Canopy Tower & Canopy Lodge, \$2695; no 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 health 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.**

Travel Insurance Provider: \_\_\_\_\_

Travel Insurance Policy Number: \_\_\_\_\_

Travel Insurance Contact Information: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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

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

## ACCOMMODATIONS

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

I prefer single accommodations (\$0 single supplement but singles must share a bathroom at the Tower).

I would like to be assigned a roommate.

## Terms and Conditions

Reservations for this tour require a deposit of \$500.00. Payment in full is due 4 months prior to the start date of your tour.

All cancellations must be notified in writing.

If notice of cancellation is received more than 6 months prior to the start date of your tour, your deposit is fully refundable .

If notice of cancellation is received between 6 months and 4 months prior to the start date of your tour, 50% of your deposit will be refunded.

Cancellations received later than 4 months prior to the start date of your tour 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**

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