

MISCELLANEOUS PROGRAM APPLICATION

For **Non-Care Providers** Accompanying a Participant with...

SEARCH BEYOND ADVENTURES

IMPORTANT: Our leaders are experienced travel escorts and are prepared to lead a safe and enjoyable trip. But, as in any travel experience, risk to body or property may be present. Parts or all of this trip may take place in an area without immediate available medical attention or outside the United States of America. Participants applying for this trip do so at their own risk, and release *Search Beyond Adventures, Inc.* and its staff and volunteers from liability for any harm to person or property that may occur. Participants may wish to inquire about more specific dangers prior to enrollment or departure. Participants may wish to seek the advice of their physician before going on the trip. *Search Beyond Adventures, Inc.* cannot assume responsibility for any medical expenses that may occur if the participant must receive medical care. Applicants are advised to carry their own medical insurance, medical assistance, or traveler’s insurance. Insurance may not cover you when in a foreign country. Completion of the application below implies understanding and agreement to these conditions.

I have read the information above, understand the risk involved, and agree to follow the safety rules established on the trip.

Applicant’s signature

Date

aa

NAME OF TRIP _____ TOUR NUMBER _____

TRIP DATES _____ CHOICE OF DEPARTING CITY OR MEETING POINT _____

APPLICANT’S NAME _____ GENDER _____

DAYTIME PHONE: _____ CELL PHONE (to reach you during the tour if necessary): _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

PERSONS ACCOMPANYING YOU _____

DO YOU WISH TO ROOM WITH THE PERSON YOU ARE ACCOMPANYING? YES NO (see note below)

Generally, the published tour price is for TRIPLE occupancy, so another participant may also share this room. If you do not want another person in the room then you need to upgrade to DOUBLE occupancy. Call our office for the price for your tour.

DO YOU HAVE ANY ACTIVITY LIMITATIONS? (Describe)

KNOWN ALLERGIES _____

DIET RESTRICTIONS _____

IF YOUR TOUR FEE **IS NOT** BEING PAID BY PERSON YOU ARE ACCOMPANYING COMPLETE THE FOLLOWING:

TOTAL TRIP FEE _____ AMOUNT ENCLOSED (25% minimum) _____ BALANCE _____

CHARGE TO MY AX, VISA, MASTERCARD, DINERS CLUB, DISCOVER _____
type of credit card

account number _____ *exp. date* _____ *signature*

Deposits, less \$50 processing fee, will be refunded for cancellations received at least 30 days prior to departure. Other cancellation penalties (e.g. advance purchase air ticket penalties) may also apply.

OTHER QUESTIONS OR INFORMATION (use the back if necessary):

ONCE TICKETED, YOUR AIRLINE OR CRUISE TICKETS ARE NON-REFUNDABLE AND NAMES CANNOT BE CHANGED!

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