



CHEESEMAN'S ECOLOGY SAFARIS
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Africa
Australia
South America
Central America
Whalewatching
Antarctica
Alaska

Tour Name _____

Tour Dates _____

Note: Do not mail a deposit without contacting us first!

All Cheesemans' Ecology Safaris participants are asked to fill-out this registration and liability release form. Please take a moment and provide the necessary information below. By signing this form you agree that you understand the demands associated with this trip and traveling to other states and or countries within a group travel environment. You agree that you have accurately provided all the information requested and are aware of the risks involved in travel.

A. Full name as it appears on your Passport: _____

Name you prefer to be called, if different: _____

Passport #: _____ Exp. Date: Month _____ Day _____ Year _____

Date of Birth: Month _____ Day _____ Year _____ Nationality: _____

Street Address: (Physical and mailing address if different) _____

City: _____ State: _____ Country: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Occupation: _____ Retired

B. How would you prefer documents sent? We can send documents on paper or via email (as a PDF attachment) to save paper. Please select - Receipts: paper email. Trip materials (sometimes many pages): paper email.

C. Picture of you - We would like to have a picture of you to include with your registration information. If you have not already provided us with your picture (from a previous trip) please email us one. If you are not able to email a digital photo, please send one in the mail.

D. In case of emergency, notify: _____ Relationship: _____

Address: _____

Phones: _____ E-mail: _____

E. LIABILITY RELEASE: I have read the itineraries and all other information pertaining to the safari in which I wish to participate, conducted by Cheesemans' Ecology Safaris, including all terms and conditions involving deposits, refunds, cancellations, responsibility, and liability. I understand that all expedition arrangements, terms, and conditions have been established in good faith and understand that changes in the itinerary, leadership, activities, accommodations, or transport may be necessary in the best interests of all participants due to circumstances beyond the control of Cheesemans' Ecology Safaris. I understand that no matter how well planned the expedition, there are dangers and risks, known or unknown, relating but not limited to land, water, or air transport; field outings, swimming, or other activities, accommodations, accident or illnesses, or acts of man, nature or God. As a condition of participating in this expedition, I hereby release Cheesemans' Ecology Safaris and their agents, associates, and related parties from all responsibility for damages, injuries, losses, or delays resulting by my participation in the tour. I accept personal responsibility for all risks and dangers in conjunction with the tour.

Signature _____ Date _____

(continued on reverse)

F. Physical Condition - Travel to remote places is exciting, but you must understand and accept the risks, both medical and logistical. Due to travel in remote regions, we are at times outside the range of immediate access to medical treatment and evacuation, even in cases of trauma. This is particularly true when traveling to the Antarctic. If this fact concerns you, please call for additional information. Anyone with health problems needing close medical supervision should not consider going on this wildlife tour.

In addition, by registering for this tour, you certify that you are capable of participation in this tour and the activities listed in the itinerary. Please provide for us an idea of your physical condition or any additional information pertaining to your physical condition. Please check one:

- Excellent Condition** – High energy levels, exercise daily and could hike over rough terrain without problem.
- Good Condition** – Good energy levels, in good shape, and comfortable on varying terrain.
- Moderate Condition** – Although active, prefer a slower pace with rests, can manage some uneven terrain.
- Enjoy nature** – Limited flexibility & endurance but plan to participate in group activities whenever possible.

Additional comments: _____

We have a strict non-smoking policy on all of our trips. Please confirm that you are a non-smoker: Non-smoker

G. Medical - Please list below any medical conditions you experience or have experienced and medications you require. Due to our concerns for your health and ability to enjoy this trip, please be explicit and complete. Information is considered confidential. When you send your deposit and signed registration form, you certify to us that you do not knowingly have a physical condition or poor fitness level that would create a risk for yourself or the other participants. *(please write legibly)* _____

Be sure to pack enough medication for the duration of the trip for your needs for any ongoing medical issues. On flights, pack essential medication in your carry-on luggage.

H. Diet - Please provide for us any dietary requirements or preferences you have. _____

I. Travel Insurance: Unless you specifically decline travel insurance, Cheesemans' Ecology Safaris requires, at a minimum, trip insurance to cover emergency medical care and evacuation for the duration of the tour. Trip cancellation insurance is also recommended but not required to travelers. Please take a moment to learn if cancellation insurance would be in your best interest. Do understand that in the event of your cancellation, you will be responsible for any cancellation fees stipulated in the trip itinerary.

Below, please write in your own hand-writing one of the two following statements:

“I will obtain/have obtained travel insurance” (Please provide to us your policy details when finalized)

OR

“I decline travel insurance for this tour. I understand that by declining I am responsible for all expenses in the event of an emergency.”

By signing and forwarding this registration form, you acknowledge that you have read items A – H and have provided the necessary information to the best of your ability. You certify that you understand the risks involved in traveling to remote locations and that you do not have any physical condition or disability that would create a hazard for you or the other travelers.

Signature _____ **Date** _____