



REGISTRATION AND MEDICAL RELEASE TO REGISTER SIMPLY...

1. Complete the other side of this page, taking care to read all information and conditions.
2. Please sign and return with your deposit, to:

Significant Living Travel
2816 Honolulu Ave. #413, Verdugo City, CA 91046
Phone & Fax (818) 542-3158

That is all there is to it! Remember, you must pay on time to maintain your reservation. Please refer to your payment schedule for dates and amounts. Please make checks payable to SIGNIFICANT LIVING TRAVEL. All payments must be in U.S. funds only.

CONDITIONS: Significant Living Travel, their representatives, and agents act only as intermediaries between travel program participants and transportation companies, hotels, and other public service organizations and disclaim any liability for delays, losses, or accidents incurred by said persons or operators to either passengers or baggage from whatsoever cause. Furthermore, Significant Living Travel reserves the right to withdraw the trip, or any part of it, to make such alterations in the itinerary, as deemed necessary, or to substitute services of comparable value, to refuse to accept or retain as a member of the group any person at any time, and to pass onto members any expenditures occasioned by delays or events beyond our control. Prices are subject to change. Price is based upon a minimum number of paying participants. In the case of any appreciable variation in cost of airfare, the right is reserved to make such adjustments to rates as necessary. Insurance, expense and security coverage is not extended to travelers who deviate from the itinerary. Any portion of the planned itinerary missed is not refundable. The airlines concerned are not to be held responsible for any act, omission, or event during the time the passengers are not on board their planes or conveyances. The passenger's contract in use by the airlines concerned, when issued, shall constitute the sole contract between the airline(s) and the purchasers of these tours and/or passengers. Any and/or all transportation companies shall have or incur no responsibility for liability to any traveler aside from their liability as common carriers. Airlines reserve the right to make changes after purchase of tickets. Any film or video likeness taken of the participant and any comment or statement made while taking part in a Significant Living Travel program may be used in materials published by Significant Living Travel.

PAYMENT SCHEDULE

Register early as tours fill up
Deposit due with signed registration form
\$500.00 per person deposit to Hold Space

Trip cancellation protection is available – call for quote

Travel Insurance is highly recommended and due at time of registration to be covered for any pre-existing conditions.

Cancellation must be in writing and will be counted as of the date received by our office. For your safety we've offered cancel protection, you will pay these fees if you cancel and do not have cancel protection:

120-91 days prior to departure	Deposit
90-64 days prior to departure	50% of total cruise cost
63-0 days prior to departure	100% of total cruise cost

If you don't want cancel protection and you are will to pay these fees if you cancel. Please initial on registration form.

REGISTRATION AND MEDICAL RELEASE

(Please print clearly and fill out completely)

Passenger 1

Mr. Mrs. Ms. Miss

Last Name _____
First Name _____
As it appears on your passport
Nick Name if Different from above: _____
Address _____
City _____
State _____ Zip _____
Home Phone(_____) _____
Date of Birth _____
E-mail address: _____
Do you have any physical or medical limitations that we
Need to be aware of? If so, please list: _____

Signature _____

DECLINING OF CANCEL PROTECTION:

If you do not want *cancel protection* and you are willing to forfeit a portion or all of your trip cost according to posted schedule, please initial here: _____

To make your deposit by credit card:

Payment type: Visa MasterCard AMEX Discover
Credit Card # _____
Exp. Date: _____ Amount: _____
Signature _____

Passenger 2

Mr. Mrs. Ms. Miss

Last Name _____
First Name _____
As it appears on your passport
Nick Name if Different from above: _____
Address _____
City _____
State _____ Zip _____
Home Phone(_____) _____
Date of Birth _____
E-mail address: _____
Do you have any physical or medical limitations that we
Need to be aware of? If so, please list: _____

Signature _____

DECLINING OF CANCEL PROTECTION:

If you do not want *cancel protection* and you are willing to forfeit a portion or all of your trip cost according to posted schedule, please initial here: _____

To make your deposit by credit card:

Payment type: Visa MasterCard AMEX Discover
Credit Card # _____
Exp. Date: _____ Amount: _____
Signature _____

IMPORTANT: *Your signatures on this form acknowledges all terms and conditions contained herein and:*

(1) grants permission for any medical doctor, dentist, or the staff or agent of Significant Living Travel to act on behalf of the traveler and take those measures they deem reasonably necessary, in the event of sickness or injury, requiring medical attention during the duration of the trip, (2) releases Significant Living Travel for any/all liability for medical and hospital expenses resulting from accidental injuries or sickness, (3) agrees to pay for any medical and dental costs, expenses and charges, and (4) has read and understands all the terms and conditions as explained on each side of this form.

Sellers of Travel Laws Disclosure Statements:

CALIFORNIA RESIDENTS: CST # 2102315-40

Upon Cancellation of the transportation or travel services, where you, the customer, are not at fault and have not canceled in violation of the terms and conditions, if any, of the contract for transportation or travel services, all sums paid Significant Living Travel for services not received by you will be promptly refunded, unless you otherwise advise Significant Living Travel in writing. Registration as a seller of travel does not constitute approval by the State of California.