



GENERAL REGISTRATION FORM

NAME OF PARTICIPANT: _____ **BORN ON:** ____/____/____
(Nazwisko i imie uczestnika-dokładnie jak w paszporcie) (Data urodzenia) Mies / Dzień / Rok

ADDRESS: _____ **City:** _____ **State:** _____ **Zip:** _____
(Adres zamieszkania)

PHONE: (____) _____ **CELL:** (____) _____ **Email:** _____
(Telefon)

Physical conditions that "Blue Amber Travel" should be aware of: _____
Choroby i dolegliwości, o których "Blue Amber Travel" powinno wiedzieć

Medical/liability release and acknowledgment of risk: Undersigned (herein after referred to as I) hereby certifies that the above named enrollee(s) is in good health and free from any communicable diseases. In case of medical emergency (taking place during the course of the event/tour) I hereby give permission to representatives of "Blue Amber Travel" and/or its affiliates/or organizers of the event to secure treatment for enrollee(s). I understand "Blue Amber Travel" does not provide medical insurance or reimbursement for medical fees, and that my medical insurance or I am responsible for and all such fees related to the medical treatment. **I acknowledge that some of the activities, e.g. skiing, tubing, rafting, canoeing, swimming, skiing, horseback riding, boating, hiking, biking, sightseeing, and others, may entail known and unanticipated risks which could result in paralysis, death physical or emotional injury to enrollee(s) or to related third parties. I understand that such certain risk cannot be eliminated without jeopardizing the essential qualities of the activity. I agree and promise to accept all risks existing in activities and I elect to participate in the activities despite the risks - whether such risks are foreseen or unforeseen. I also understand that "Blue Amber Travel" is not responsible for any consequences of misadventure/accidents of any means of transportation involved in the event. I, and on behalf of above named enrollee(s), our respective heirs, successors and personal representatives waive any and all claims against "Blue Amber Travel" and I hereby release and agree not to sue: "Blue Amber Travel", its directors, group leaders, volunteers, any employees, any other "Blue Amber Travel" representatives and /or event organizers from any and all liability for injury, death, loss or damage of personal property, or any other losses related to participating in the event.** This registration provides "Blue Amber Travel" and organizers of the event an authorization to use photos and videos above named enrollee(s) for promotional purposes.

Responsibility: "Blue Amber Travel" and/or its agents act only as an agent in making arrangements for hotels, sightseeing tours and transportation or any other service in connection with this event. "Blue Amber Travel" and /or its agent or suppliers shall not be liable for injury, death, damage, loss, accident, delay or irregularity, liability or expense to person or property due to act or default of any hotel, carrier or other company or person providing or rendering services included in the event, or any and all acts of a third party. Further, the sponsoring organization and/or its agents accept no responsibility for any sickness, labor disputes, crowd control and acts of God, defect in any vehicle of transportation, or for any misadventure or casualty, or any other cases beyond their control including weather, war, strike and terrorism etc. Blue Amber Travel reserves the right to cancel, change, or substitute any service and to decline or accept and retain any event member at any time or any reason including insufficient number of participants. Updating all necessary contact information about participant is responsibility of enrollee. "Blue Amber Travel" reserves the right to refuse any person as a member of these tours at its sole discretion.

Travel Insurance: We strongly recommend that all enrollees purchase any TRAVEL INSURANCE (recommended insurance for the short term events: Allianz Travel Insurance, www.allianztravelinsurance.com tel: 1-866-884-3556) to protect against the risk of medical expenses, death, travel delays, trip cancellation, any damage, loss of baggage or personal belongings, etc. **(insurance must be purchased within 14 days of deposit for pre-existing health conditions !)**

* This is a special Pilgrimage event - tour the initial deposit of \$1000.00 is required per person to reserve space.

* Please make checks payable to **Blue Amber Travel** P.o.Box 66500 Chicago IL.60666.

* It is mandatory to sign this registration form & attach a copy of Passport valid for **minimum 6 months** !

* Grupa Pielgrzymkowa - wpisowy depozyt wynosi \$1000.00 od osoby aby zarezerwować miejsce.

* Proszę wypisać czek na **Blue Amber Travel** P.o.Box 66500 Chicago IL.60666..

* Do formy rejestracyjnej - obowiązkowo trzeba dołączyć kopie ważnego **minimum 6 miesięcy paszportu** !

* **Rezygnacja z wyjazdu** - kwota zwrotu jest uzależniona od ilości dni przed terminem planowanego wyjazdu:

* **Cancellation policy** - is based on how many days before departure for planned tour below:

90 dni i więcej- nie podlega zwrotowi: \$100

90 days or more- penalty: \$100 from deposit

89 - 61 dni- nie podlega zwrotowi : \$500

89 - 61 days- penalty : \$500 from deposit

60 - 31 dni- nie podlega zwrotowi : 75 % ceny

60 - 31 days -penalty: 75% of total price

30 lub mniej - nie podlega zwrotowi: 100 % ceny

30 days or less- penalty: 100% of total price

I understand and accept all terms and conditions presented to me in the English language.

Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim.

Date and signature of participant /Data i podpis uczestnika