

ANCIENT EXPLORATIONS

Registration Form

CHAUTAUQUA 2017

Continuing Education Travel Course Program

Archaeology, Science and Mathematics in Ancient Greece

June 8-17, 2017

Each person in attendance must complete this form

Name _____

Address _____

email _____

phone _____

Personal Information:

Gender _____

Date of Birth _____

Occupation _____

Passport Information:

Name on Passport _____

Passport Number _____

Expiration Date _____

Country of Issue _____

Do you have any allergies that Ancient Explorations should be aware of?

Do you have any medical conditions that Ancient Explorations should be aware of?

Disclaimer

For the purposes of this disclaimer "tours", "courses" and "study abroad programs" will be referred to as "the program".

Ancient Explorations, LLC (AE) will make every effort to provide a safe, accident free, enjoyable experience for all participants in the program. All ground transportation during the program will be provided by a licensed third party independent contractor over whom AE has no control. Participants in the program assume all responsibility for hazards associated with ground transportation. The program takes place within exotic environments which can be hazardous. Participants assume all risks associated with these environments including but not limited to hazards posed by animals, insects, plants and disease. AE recommends that all participants consult with their physician with regard to vaccinations and/or other precautions that the physician may recommend prior to participating in the program. As with any outdoor activity which involves hiking and climbing, there are risks of injury for which participants assume all risk. The indigenous territories of native people have occasionally experienced periods of political unrest. Participants assume all risk associated with political unrest during the program. AE reserves the right to change or cancel any or all portions of the itinerary of the program, without refund, as a result of political unrest, inclement weather or any other reason beyond the control of AE. By checking the box below you acknowledge that you have read, and agree to, the terms of this disclaimer.

I have read and agree to the terms of the disclaimer
(if registering a minor, I am the parent or legal guardian)

Yes

Name

Signature

Date

Fill out and return with your program deposit to:

Ancient Explorations
3267 Bee Caves Rd
Suite 107-161
Austin, TX 78746

Or scan and email to chatauqua@ancientexploration.com