

**RCG WOMEN'S JOURNEY TO THE YUCATAN, April 2-10, 2005**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Prov \_\_\_\_\_ Country \_\_\_\_\_ Zip/postal code \_\_\_\_\_  
Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Cell ph: \_\_\_\_\_

Your program fee is based on sharing a double room. If you are traveling alone, we will assign you a roommate.  
Early riser? \_\_\_\_\_ Night owl? \_\_\_\_\_ Smoker? \_\_\_\_\_

**PROGRAM FEE IS \$1375 WITH REGISTRATION BY OCT. 1, \$1475 AFTER THAT DATE IF SPACE REMAINS. NOTE THAT PAST PROGRAMS HAVE FILLED VERY QUICKLY, USUALLY WELL BEFORE THE REGISTRATION DEADLINE. EARLY REGISTRATION IS RECOMMENDED TO AVOID DISAPPOINTMENT.** With registration by Oct. 1, a \$375 non-refundable deposit is due to reserve your place. An additional \$500 is due by Dec. 1. The remaining \$500 is due by Feb. 1.

**REFUND POLICY.** Your deposit is non-refundable. If you need to cancel your participation after you have paid additional or total program fees, you will be charged for expenses incurred on your behalf. There will be no cancellation penalty in addition to these expenses. However, since the unexpected can happen and these expenses can be sizeable, you might want to look into purchasing Travel Insurance. RCG does not sell Travel Insurance, nor do we endorse any particular company.

Religious/spiritual affiliation? \_\_\_\_\_

Are you a member of RCG-I? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Will you be traveling with partner/friend/family member? \_\_\_\_\_

Name/s \_\_\_\_\_

I wish to share a room with \_\_\_\_\_

Are you on any special diet (or vegetarian)? Please specify. \_\_\_\_\_

Passport information: Country of Citizenship \_\_\_\_\_

Passport number \_\_\_\_\_ Date of issuance \_\_\_\_\_

Expiration date \_\_\_\_\_ Birthplace \_\_\_\_\_

***FOR US CITIZENS, A PASSPORT IS NOT REQUIRED.***

*(However, if you don't have a passport you will need a certified copy of your birth certificate & a government issued photo ID—such as a driver's license. Often it's just easier to get a passport.)*

To help insure your enjoyment of this trip, please write a short self-profile below or on the back of this sheet. We will use this information to assign roommates and to plan program activities.

**MEDICAL INFORMATION**

The following information is confidential. We ask you to assess your health in light of the demands of travel outside of the USA/Canada.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Blood type \_\_\_\_\_

Serious illnesses? \_\_\_\_\_

Allergies (foods, medications, etc) \_\_\_\_\_

Are you currently or have you been under a doctor’s care during the past 6 months? \_\_\_\_yes \_\_\_\_no If yes, what condition/s are you being treated for?

Medications (other than for diarrhea or upset stomach)? Please specify the names of your medications, the conditions they treat, and possible side effects.

\_\_\_\_\_

Any other comments on your health?

Medical insurance: In case of a medical emergency, does your health insurance policy cover expenses outside of your home country? \_\_\_\_yes \_\_\_\_no

Insurance carrier and policy number \_\_\_\_\_

**YOU ARE RESPONSIBLE FOR ANY AND ALL MEDICAL COSTS INCURRED DURING THIS PROGRAM.**

In case of illness or emergency, please notify: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Country \_\_\_\_\_ Zip/postal code \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT**

On rare occasions, an emergency requiring acute, emergency, or hospital treatment may develop during a travel program. In most cases, administration of an anesthetic, treatment of an illness or injury, or operation on an individual cannot be done without the consent of the patient. To avoid a potentially dangerous delay in an emergency and/or if you are unconscious or otherwise unable to give your consent, we request that you sign the following permission to ensure necessary medical treatment.

I hereby grant permission to the RCG and/or Iluminado Tours staff to authorize the administration of such antibiotics, immunizations, anesthesia, and other medications, and to hospitalize and/or provide such treatment for myself as they consider appropriate and necessary based on the advice they have received.

I hereby further waive and release any claim I may have against the RCG and/or Iluminado staff or program, its sponsors, employees, or representatives in regard to these decisions in the administration of medical treatment as described herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**RCG RELEASE OF LIABILITY AGREEMENT**

I, \_\_\_\_\_, have applied and intend to participate in the RCG Travel program to the Yucatan, Mexico.

I am a woman, over 18 years of age. I have voluntarily registered for this program outside of the USA/Canada. I have made a deposit that has been paid to RCG.

I understand and I am aware that during the program in which I participate certain dangers and/or risks may arise. I expressly voluntarily assume all risk of injury, illness, death and property damage or loss that may result from participation in the RCG Travel program.

I have carefully read this agreement and release form and fully understand its contents. I sign it of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name & date of birth \_\_\_\_\_

**Please return this completed form and your \$375 nonrefundable deposit check made out to RCG-4 Lakes Circle (US\$ only) to:**

Lynnle Levy  
RCG Travel  
158 Jackson Street  
Madison, WI 53704 USA  
phone: 608-246-2193  
e-mail: lynnlevy@chorus.net