

**Life Mastery Programs**  
**DREAMER Trip Application, Release, & Health Form**

Please print your name and information carefully as this information is needed for your hotel reservations. Please make all payments payable to Life Mastery Programs and mail to:

**Rosemary Quade, 987 Smith Rd, Afton, VA 22920.**

Phone: (540) 456-6461

Email: [rose@lifemasteryprograms.com](mailto:rose@lifemasteryprograms.com)

**Name of trip:** Journey to Teotihuacan      February 11-16, 2010

**Contact Info:**

Your full name:

(as it appears on your Passport)

Mailing Address:

City:

State:

Zip:

Home Phone (      )

Office Phone (      )

E-mail:

Fax:

Occupation:

Marital Status:

Sex:

Age:

Height:

Weight:

Citizenship:

Birth date (month/day/year)

Birthplace:

Passport Number:

Place of Issue:

Date of Issue:

(must be valid for 6 months after date of arrival)

**Room Assignments:**

Rooms are double or triple occupancy. Would you like to request a roommate(s)? If so, who?

If one is available, I prefer a single room at supplemental cost (yes or no?)

**\*\*Single rooms will most likely not be available on this trip.\*\***

**In case of Emergency contact:**

Name:

Relationship to you:

Address:

Telephone:

PO Box 261, Marblehead, MA 01945

PHONE: 877-670-9831      FAX: 781-639-4878

[www.lifemasteryprograms.com](http://www.lifemasteryprograms.com)

[info@lifemasteryprograms.com](mailto:info@lifemasteryprograms.com)

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**Your Airline, Flight Numbers, Departure and Arrival Times:**

***Into Mexico City:***

(Please ensure you arrive prior to 4:00 PM)

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_  
Departure City (Into Mexico City): \_\_\_\_\_

***Out of Mexico City:***

(Please ensure you depart no earlier than 1:00pm)

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_  
Destination City (From Mexico City): \_\_\_\_\_

<b>Cost of Your Journey:</b>	<b>\$1195</b>
Subtract your deposit of \$195 if you already sent it in: (due by January 10th)	
Subtract your discount if paid in full by January 10 <sup>th</sup>	- \$ 100
Your grand total is due by <b>January 29th:</b>	_____

**Credit Card Payments**

We prefer payment by check. If you are paying by credit card, you may fill out the info below or call Rose at (540) 456-6461 to provide your info by phone. We accept Visa, Master Card, and American Express.

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ mm/yy \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Name as printed on Credit Card \_\_\_\_\_

Billing Address for Card, if different from above  
\_\_\_\_\_

**If you have made arrangements for a payment plan:**

If you are paying by check, please mail all checks, postdated at time of deposit. We will deposit each check as specified below. If you are paying by credit card, you card will be automatically charged as specified below.

Payment 1: \$195, due by January 10<sup>th</sup>  
Payment 2: \$400, due by January 29<sup>th</sup>  
Payment 3: \$250, due March 1<sup>st</sup>  
Payment 4: \$250, due April 1<sup>st</sup>

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**Release of Liability and Assumption of All Risks**

**PLEASE READ CAREFULLY: THIS IS A LEGALLY ENFORCEABLE WAIVER OF RIGHTS**

**Assumption of Risks**

I \_\_\_\_\_, acknowledge that I have voluntarily applied to participate on the trip designated on the accompanying Trip Application. I am voluntarily participating on the tour or expedition with knowledge that travel to foreign countries and/or the remote areas visited by this trip involves numerous risks and dangers including a risk of illness, injury or death, which may be caused by: forces of nature, civil unrest, terrorism, road conditions, injuries inflicted by animals, insects, reptiles or plants, trails, hotels, vehicles, boats or other means of conveyance which are not operated nor maintained to standards common in the United States; high altitude (on certain trips), accident, accident or illness without access to means of rapid evacuation or the availability of medical supplies; the lack of adequacy of medical attention once provided, and negligence on the part of Life Mastery Programs, it's affiliated organizations and their employees, teachers, volunteers or other agencies. I acknowledge that the enjoyment and excitement of foreign travel/ adventure travel is derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work, and that these inherent risks and the corresponding enjoyment and excitement contribute to the reason for my voluntary participation on this trip.

**I HEARBY ACCEPT ANY AND ALL RISKS OF ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_.**

**RELEASE**

AS LAWFUL CONSIDERATION for being permitted by Life Mastery Programs to participate on such trips and activities, I hereby agree that I, my heirs, legal representatives or any member of my family will not make a claim against or sue Life Mastery Programs or any of its affiliated agents, employees, teachers or volunteers, for bodily injury, death, emotional trauma or property damage resulting from my participation in the tour or expedition or specific events of the tour or expedition (e.g. sweat lodge, walking adventures, swimming adventures).

**I THEREFOR RELEASE AND DISCHARGE LIFE MASTERY PROGRAMS AND ITS AGENTS, EMPLOYEES, GUIDES, LEADERS AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION IN THE TOUR OR EXPEDITION EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF TRANSFORMU OR ITS AFFILIATED AGENTS, EMPLOYEES, TEACHERS OR VOLUNTEERS.**

If any portion of this agreement is unenforceable, the remaining portions shall remain in full force and effect. Under no circumstances shall Life Mastery be liable to any tour participant for more than the land cost of the trip governed by this document. All applications are subject to acceptance by Life Mastery. Upon acceptance of my application, this agreement shall be deemed to have been entered into and be performed at Boston, MA and shall be construed according to the laws of the Massachusetts. In the unlikely event a legal dispute should arise involving any subject matter whatsoever, I agree that the dispute shall be settled by binding arbitration through the American Arbitration Association at Boston, MA. Should this arbitration provision be held  
*Continued on the following page...*

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unenforceable, I agree that any legal action shall exclusively be brought before the appropriate State Court in Boston, MA or Federal Court in Boston, MA.

**I HEARBY ACCEPT THE ABOVE PARAGRAPH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_.**

**Knowing and Voluntary Execution**

I have carefully read and fully understand the contents of this agreement as well as all the conditions as stated under the heading "Terms and Conditions" (see attached pages) including those conditions regarding responsibility borne by trip participants and conditions regarding cancellations and refunds. I am aware, that this is a release of liability and a legally binding and enforceable contract between myself and Life Mastery Programs and I sign it of my own free will.

**EXECUTED THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

**Signature**

\_\_\_\_\_

**Print Name As Signed** \_\_\_\_\_

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**Life Mastery Programs**  
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**Statement of Psychological and Health Condition**

All information provided on this form is kept confidential.

Your full name:  
(as it appears on your Passport)

Home Phone: (        )

Sex:

Age:

Height:

Weight:

Please list any physical disabilities, allergies, conditions, past injuries or any limitations that could limit your participation on the journey:

What medications are you taking or will you take during the journey? Please list any precautions and side effects.

Have you been diagnosed with depression, schizophrenia, bi-polar disorder, epilepsy or any other psychological conditions?

Do you have a history of sexual or physical abuse? Do you have a history of substance abuse? Do you have a history of suicidal tendencies or a suicide attempt?

I declare this statement is correct to the best of my knowledge. I hereby grant permission to the medical personnel, selected by the journey guides, to review my personal records or to contact the appropriate physician, psychiatrist, health professional or psychologist to obtain additional information on the conditions noted. \_\_\_\_\_ Initial here

I hereby grant permission to the medical personnel, selected by the journey guides to order x-rays, routine tests and treatment for me in the event the emergency contact cannot be reached. \_\_\_\_\_ Initial here

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I hereby grant permission to the physician selected by Life Mastery Programs's representative to hospitalize, secure proper treatment for, and order injections and/or anesthesia for, and/or surgery for me. \_\_\_\_\_ Initial here

I agree to adhere to the decision by Life Mastery Programs's representatives regarding the suitability of my participation in the excursion. \_\_\_\_\_ Initial here

**Please initial after each item and then sign below:**

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date