

ACEER FOUNDATION

RESERVATION CERTIFICATE

Please enclose a check for \$500 per person deposit **August 7th, 2010** to reserve space(s) on the departure date designated below.
Workshop price is per person based on double occupancy.

I would like to participate in the following Workshop:

Botanical Medicines from the Amazon and the Andes

October 7th – 17th, 2010

(\$3,890 from Lima – double occupancy)

With Optional Extension to Wayqecha Research Station

And the Manu Cloud Forest Canopy Walkway

October 16th – 19th, 2010

(\$400 additional)

*DUE TO THE VOLATILITY OF FUEL PRICES, TRAVELERS WILL BE CHARGED ANY ADDITIONAL FEES
LEVIED BY THE AIRLINES PRIOR TO TICKETING.*

NAME (S) Dr. ___ Mr. ___ Mrs. ___ Ms. ___ _____

(Print full name as it appears on passport for each traveler.)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Fax _____ e-mail _____

Phone number(s) prior to departure _____

ACCOMMODATIONS

I would like to share a room with _____

Please assign a roommate. Yes ___ No ___

I desire single accommodations (Land portion only; single accommodations are available for an additional charge of **\$600.00**).

Yes ___ No ___

I would like to participate in the optional extension to Wayqecha. Yes _____ No _____

How did you hear about this workshop: _____

METHOD OF PAYMENT

FINAL PAYMENT IS DUE BY CHECK PRIOR TO TRIP DEPARTURE DATE – **FINAL PAYMENT DUE AUGUST 23, 2010**

PLEASE ADDRESS CHECKS TO:

ACEER FOUNDATION
P.O. Box 2549 - WCU
WEST CHESTER, PA 19383

INSURANCE

THE ACEER FOUNDATION **REQUIRES** TRAVELERS TO OBTAIN TRAVEL INSURANCE IN CASE OF TRIP DELAYS, FLIGHT CANCELLATIONS, LUGGAGE COVERAGE, AND HEALTH RELATED ISSUES. SOME INSURANCE COMPANIES INCLUDE PRE-EXISTING

MEDICAL CONDITIONS. CONTACT YOUR TRAVEL AGENT, OR ACEER, OR GO TO WWW.SQUAREMOUTH.COM/20668. INSURANCE SHOULD BE PURCHASED AFTER IT HAS BEEN DETERMINED THAT WE HAVE ENOUGH PARTICIPANTS TO FILL THE WORKSHOP. REGISTRATION FORMS CAN BE SENT IN WITHOUT INSURANCE INFORMATION.

TRIP INSURANCE IS REQUIRED. PLEASE LIST NAME OF COMPANY PROVIDING COVERAGE AND POLICY NUMBER:

I have received, read and accept the conditions of the General Information section, especially the Cancellation clause and the Responsibilities and Conditions paragraph on this form. I would like to make reservations for the person(s) listed above in accordance with the enclosed deposit. **EACH PARTICIPANT MUST SIGN THIS WAIVER.**

Date _____ Signature _____

CANCELLATION POLICY: All cancellations must be made in writing and are effective upon receipt in our office.

The following fees apply and are per person:

\$100 from time of booking to 90 days prior to departure

\$350 from 89 to 61 days prior to departure

Full penalty from 60 to 0 days prior to departure

TRANSFERS: ARE SUBJECT TO THE SAME TERMS AS CANCELLATIONS

RESPONSIBILITIES, TERMS AND CONDITIONS:

The ACEER Foundation , its affiliates and agencies (hereafter referred as THEY) act only in the capacity of agents in all matters OF TRANSPORTATION AND TOUR OPERATION, AND THEIR LIABILITY IS LIMITED TO THE TERMS OF THE AIRLINE TICKETS AND LAND ACCOMMODATION CONTRACTS. THEY ARE NOT LIABLE FOR ANY DELAYS, INCONVENIENCES, ACCIDENTS, EXPENSES, OR MISHAPS OF ANY KIND WHATSOEVER RESULTING ENTIRELY, OR IN PART, FROM THE NEGLIGENCE OF OTHERS OR FROM CAUSES BEYOND THEIR CONTROL. THEY CAN ACCEPT NO RESPONSIBILITY FOR LOSSES OR ADDITIONAL EXPENSES DUE TO DELAYS OR CHANGES IN AIR OR OTHER SERVICES, SICKNESS, WEATHER, STRIKE, WAR, QUARANTINE, OR OTHER CAUSES. ALL SUCH LOSSES OR EXPENSES WILL BE BORNE BY THE PASSENGER, AS TOUR RATE PROVIDES FOR ARRANGEMENTS ONLY FOR THE TIME STATED. THE RIGHT IS RESERVED TO SUBSTITUTE ACCOMMODATIONS OR MODES OF TRANSPORTATION AND TO MAKE ANY CHANGES IN THE ITINERARY WHERE DEEMED NECESSARY OR CAUSED IN CHANGES IN AIR SCHEDULES. ON EXPEDITIONS OF THIS TYPE IT IS NOT POSSIBLE TO ACCOMMODATE PERSONS WITH SEVERE HEALTH PROBLEMS OR PHYSICAL DISABILITIES WHICH INVOLVE WALKING OR OTHER ACTIVITIES. IT IS THE PASSENGER'S RESPONSIBILITY TO JUDGE THE APPROPRIATENESS OF THESE TRAVEL ACTIVITIES TO THEIR PHYSICAL CAPABILITIES. THEY TAKE NO RESPONSIBILITY FOR SPECIAL ARRANGEMENTS OR PROBLEMS INCURRED BY PASSENGERS PHYSICALLY UNABLE TO PARTICIPATE IN THE PLANNED ACTIVITIES. NO REFUND CAN BE MADE FOR ABSENCE FROM THE TOUR UNLESS ARRANGEMENTS ARE MADE AT THE TIME OF BOOKING. THE RIGHT IS RESERVED TO DECLINE TO ACCEPT OR RETAIN ANY PERSON AS A TOUR MEMBER FOR ANY REASON WHICH AFFECTS THE OPERATION OF THE TOUR OR THE RIGHTS AND WELFARE OR ENJOYMENT OF THE OTHER TOUR MEMBERS. THEY WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL BECAUSE OF RACE, SEX, CREED OR NATIONALITY. A REFUND OF THE COST OF RECOVERABLE LAND TOUR SERVICES IS THE LIMIT OF THE ACEER FOUNDATION AND ITS AFFILIATES' LIABILITY. ALL CONTRACTS FOR SERVICES PROVIDED BY THE ACEER FOUNDATION AND ITS AFFILIATES ARE ENTERED INTO THE STATE OF PENNSYLVANIA AND ALL PARTIES TO SUCH CONTRACTS SUBMIT TO THE EXCLUSIVE JURISDICTION OF THE COURTS OF THE STATE OF PENNSYLVANIA.

PERSONAL DATA FOR TRAVEL DOCUMENTS

Please complete the following information for each person.

Name _____ Nickname _____

Date of Birth _____ Age _____

Nationality _____

Passport Number _____

Occupation _____

T-shirt size for ACEER t-shirt: (S, M, L, XL, XXL) _____

Emergency contact person _____ Phone Number _____

Relationship _____

PLEASE SPECIFY ALLERGIES, DIETARY AND PHYSICAL NEEDS: _____

ACEER FOUNDATION
RECOGNITION OF RISK

THE FOLLOWING AGREEMENTS ARE DESIGNED TO PROTECT ALL WORKSHOP PARTICIPANTS IN THE ACEER FOUNDATION WORKSHOPS TO PERU: PARTICIPANTS, STUDENTS, FACULTY, ITS TRUSTEES, OFFICERS, AGENTS AND EMPLOYEES, AND THE AGENCIES AND INDIVIDUALS COOPERATING WITH THE ACEER FOUNDATION. WE REQUIRE ALL WORKSHOP PARTICIPANTS (AND THEIR PARENTS IF UNDER 21) SIGN THESE FORMS TO INDICATE THEIR AGREEMENT AND PERMISSION.

IF A PARTICIPANT HAS A HISTORY OF ANY MEDICAL OR PSYCHIATRIC PROBLEMS DURING THE PREVIOUS TWO YEARS, WE STRONGLY ADVISE THAT HE/SHE CONSULT WITH A MEDICAL PROFESSIONAL IN THIS COUNTRY BEFORE DEPARTURE TO DISCUSS THE POTENTIAL STRESS AND DIFFICULTY OF TRAVEL ABROAD.

- 1. I/WE UNDERSTAND THAT PARTICIPATION IN THE PROGRAM IS ENTIRELY VOLUNTARY AND THAT ANY PROGRAM OF TRAVEL INVOLVES SOME ELEMENT OF RISK. I/WE AGREE THAT IN PARTIAL CONSIDERATION OF ACEER SPONSORING THIS ACTIVITY, I/WE WILL HOLD THE ACEER FOUNDATION, ITS TRUSTEES, OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM ANY DAMAGES FOR ANY INJURY OR LOSS TO PERSONS OR PROPERTY THE PARTICIPANT MIGHT SUSTAIN WHILE SO PARTICIPATING. I/WE HEREBY RELEASE THE ACEER FOUNDATION, ITS TRUSTEES, OFFICERS, AGENTS AND EMPLOYEES FROM ANY LIABILITY WHATSOEVER FOR ANY PERSONAL INJURY (INCLUDING DEATH) OR PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE PROGRAM. I/WE AGREE TO THE "RELEASE OF LIABILITY" DOCUMENT WHICH IS EXECUTED ALONG WITH THIS DOCUMENT, AND I/WE AGREE TO INDEMNIFY THE ACEER FOUNDATION, ITS TRUSTEES, OFFICES, AGENTS AND EMPLOYEES FROM AND AGAINST ANY LOSS OR CLAIM ARISING FROM MY PARTICIPATION IN THE PROGRAM.**

- 2. I/WE UNDERSTAND THAT THE ACEER FOUNDATION OR THE SPONSORING INSTITUTION RESERVES THE RIGHT TO MAKE CANCELLATIONS, CHANGES OR SUBSTITUTIONS IN CASE OF EMERGENCY OR CHANGED CONDITIONS OR IN THE INTEREST OF THE GROUP. SHOULD THE ACEER FOUNDATION CANCEL THE PROGRAM, FULL REFUNDS WILL BE MADE UNLESS THE CANCELLATION IS DUE TO POLITICAL, NATURAL, TECHNOLOGICAL OR OTHER CATASTROPHES BEYOND ITS CONTROL IN WHICH CASE THE ACEER FOUNDATION WILL BE ABLE TO REFUND ONLY UNCOMMITTED OR RECOVERABLE FUNDS. SHOULD ANOTHER SPONSORING INSTITUTION CANCEL ITS PROGRAM, ITS REFUND POLICY, IF ANY, WILL APPLY.**

- 3. I/WE UNDERSTAND THAT PARTICIPANTS IN THE PROGRAM ARE REPRESENTATIVES OF THE ACEER FOUNDATION AND THE UNITED STATES AND BY SIGNING THIS AGREEMENT PLEDGES TO DEPORT HIMSELF OR HERSELF IN A MANNER THAT REFLECTS FAVORABLY ON BOTH. WE UNDERSTAND THAT IN ADDITION TO REGULAR CLASSES THE PROGRAM MAY INCLUDE PLANNED LECTURES AND FIELD TRIPS WHICH ARE GERMANE TO THE EDUCATIONAL EXPERIENCE, AND THAT THE PARTICIPANT AGREES TO PARTICIPATE WILLINGLY IN SUCH ACTIVITIES IN ADDITION TO REGULAR CLASSES.**

- 4. I/WE UNDERSTAND THAT THE ACEER FOUNDATION REQUIRES THAT APPROPRIATE SICKNESS AND ACCIDENT INSURANCE COVER ALL PARTICIPANTS FOR THE DURATION OF THE PROGRAM, AND THAT THEY BE FINANCIALLY RESPONSIBLE FOR ALL MEDICAL EXPENSES. IN ADDITION, WE UNDERSTAND THAT PAYMENT FOR MEDICAL EXPENSES CUSTOMARILY WILL HAVE TO BE ADVANCED, AND REIMBURSEMENT SOUGHT LATER FROM THE CARRIER.**

INSURANCE IS REQUIRED FOR PARTICIPATION IN THIS WORKSHOP

NAME: _____

IS INSURED UNDER POLICY NUMBER _____ WITH (NAME OF INSURANCE COMPANY)

_____. THE POLICY EXPIRES ON _____.

IN ADDITION, THE TRAVELER HEREBY ASSUMES RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED BY AND ON BEHALF OF THE TRAVELER WHILE PARTICIPATING IN THE PROGRAM.

5. **I/WE UNDERSTAND THAT FOREIGN PROGRAMS MAY NOT REGULARLY EMPLOY HEALTH CARE PROFESSIONALS OVERSEAS AND MAKE NO REPRESENTATION WITH RESPECT TO ACCESSIBILITY OF SERVICES AND FACILITIES ABROAD. APPROPRIATE TREATMENTS, ESPECIALLY PSYCHOLOGICAL, MAY NOT BE AS READILY AVAILABLE ABROAD AS IN THE UNITED STATES. THE PARTICIPANT MUST, THEREFORE, MAKE PROVISION BEFORE DEPARTURE FOR CONTINUATION OF MEDICAL TREATMENTS SUCH AS PRESCRIPTIONS OR SPECIAL DIETS. THE DIRECTOR OF THE PROGRAM SHOULD BE FULLY INFORMED OF ANY SPECIAL NEEDS BEFORE LEAVING ON THE PROGRAM.**

6. **FOR A PARTICIPANT UNDER THE AGE OF 18 YEARS, IF ACEER IS UNABLE TO REACH A PARENT OR GUARDIAN TO GIVE CONSENT, I/WE, THE PARENT(S) OR GUARDIAN(S) OF THE ABOVE NAMED PARTICIPANT HEREBY AUTHORIZE THE ACEER FOUNDATION'S REPRESENTATIVE TO CONSENT FOR ME/US TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICINAL OR SURGICAL DIAGNOSIS, OR TREATMENT AND HOSPITAL CARE DEEMED NECESSARY OR ADVISABLE BY A PHYSICIAN DURING THE PERIOD THE PARTICIPANT IS ENROLLED IN THE ACEER FOUNDATION PROGRAM.**

7. **FOR A PARTICIPANT WHO IS 18 YEARS OF AGE OR OLDER, IF I/WE ARE UNCONSCIOUS OR OTHERWISE UNABLE TO GIVE MY/OUR CONSENT, I/WE HEREBY AUTHORIZE THE ACEER FOUNDATION'S REPRESENTATIVE TO CONSENT FOR ME/US TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICINAL OR SURGICAL DIAGNOSIS, OR TREATMENT AND HOSPITAL CARE DEEMED NECESSARY OR ADVISABLE BY A PHYSICIAN DURING THE PERIOD THE PARTICIPANT IS ENROLLED IN THE ACEER FOUNDATION PROGRAM.**

8. **IT IS UNDERSTOOD THAT THE AUTHORIZATIONS LISTED ABOVE ARE GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT OR HOSPITAL CARE BEING REQUIRED BUT ARE GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF THE ACEER FOUNDATION TO GIVE SPECIFIC CONSENT TO THE DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH IN THE BEST JUDGMENT OF A PHYSICIAN IS DEEMED ADVISABLE.**

I/WE AUTHORIZE ALL HEALTH CARE PROVIDERS OR OTHER COVERED ENTITIES TO DISCLOSE TO ACEER OR ACEER'S REPRESENTATIVE, UPON REQUEST, ANY INFORMATION, ORAL OR WRITTEN, REGARDING MY PHYSICAL OR MENTAL HEALTH, INCLUDING, BUT NOT LIMITED TO, MEDICAL AND HOSPITAL RECORDS AND WHAT IS OTHERWISE PRIVATE, PRIVILEGED, PROTECTED OR PERSONAL HEALTH INFORMATION SUCH AS HEALTH INFORMATION DEFINED AND DESCRIBED IN THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA"), THE REGULATIONS PROMULGATED THEREUNDER, AND ANY OTHER FEDERAL, STATE OR LOCAL LAWS AND RULES.

SIGNATURES

THE SIGNATURES OF BOTH THE PARTICIPANT AND THEIR PARENT OR LEGAL GUARDIAN ARE REQUIRED (IF UNDER AGE 21). PLEASE RETURN THIS FORM (THREE PAGES) COMPLETED WITH YOUR REGISTRATION FORM.

YOUR REGISTRATION IS NOT COMPLETE WITHOUT THIS SIGNED DOCUMENT.

STUDENT/WORKSHOP PARTICIPANT:

I CERTIFY THAT I HAVE READ THE ENTIRE PRECEDING AGREEMENT, AND I JOIN IN THE ARTICLES OF THE AGREEMENT WITHOUT RESERVATION, GRANTING MY CONSENT TO ALL ACTION HEREIN.

SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN:

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT NAMED ABOVE; THAT I HAVE READ THE ENTIRE PRECEDING AGREEMENT, AND I JOIN IN THE ARTICLES OF THE AGREEMENT WITHOUT RESERVATION, GRANTING MY CONSENT TO ALL ACTIONS HEREIN.

SIGNATURE _____ **DATE** _____

PRINT NAME _____ **PHONE** _____ **EMAIL** _____

ADDRESS _____
STREET _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

ACEER FOUNDATION
RELEASE OF LIABILITY

I, _____ (FULL NAME), AS A PARTICIPANT OF THE BOTANICAL MEDICINE WORKSHOP FROM OCTOBER 7 - 17TH, 2010 WITH OPTIONAL EXTENSION TO WAYQECHA FROM OCTOBER 16 – 19, 2010, TO PERU SPONSORED BY THE AMAZON CENTER FOR ENVIRONMENTAL EDUCATION AND RESEARCH (ACEER) FOUNDATION AND CENTRO AMAZONICO DE EDUCACION AMBIENTAL E INVESTIGACION (FUNDACION ACEER), FULLY RELEASE THE AMAZON CENTER FOR ENVIRONMENTAL EDUCATION AND RESEARCH (ACEER) FOUNDATION AND CENTRO AMAZONICO DE EDUCACION AMBIENTAL E INVESTIGACION (FUNDACION ACEER) FROM ALL LIABILITY FOR ANY DELAYS, INCONVENIENCES, ACCIDENTS, EXPENSES, OR MISHAPS OF ANY KIND WHATSOEVER. I UNDERSTAND THEY CAN ACCEPT NO RESPONSIBILITY FOR LOSSES OR EXPENSES DUE TO DELAYS, CHANGES IN AIR OR OTHER SERVICES, SICKNESS, ACCIDENTS, WEATHER, STRIKE, WAR, QUARANTINE, OR OTHER CAUSES. ALL SUCH LOSSES OR EXPENSES WILL BE BORNE BY ME. ACCORDINGLY, AND IN CONSIDERATION OF MY PARTICIPATION, I HEREBY AGREE TO THE FOLLOWING:

I HAVE READ THE INFORMATION HEREIN AND RECOGNIZE AND ACCEPT ANY RISKS THEREOF. I UNDERSTAND, AND HEREBY AGREE, ON BEHALF OF MYSELF, MY DEPENDENTS, HEIRS, EXECUTORS AND ASSIGNS, TO ABIDE BY THE CONDITIONS SET FORTH IN THIS RELEASE OF LIABILITY AND HEREBY RELEASE AND HOLD HARMLESS THE AMAZON CENTER FOR ENVIRONMENTAL EDUCATION AND RESEARCH (ACEER) FOUNDATION, CENTRO AMAZONICO DE EDUCACION AMBIENTAL E INVESTIGACION (FUNDACION ACEER), AND ANY OF ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, LICENSEES OR REPRESENTATIVES FROM ANY AND ALL LIABILITY ARISING OUT OF OR RELATING TO MY PARTICIPATION, HOWEVER OCCURRING, INCLUDING INJURIES, DEATH, DELAYS, CANCELLATION OR LOSS OR DAMAGE TO PROPERTY.

DATES OF TRAVEL

OCTOBER 7 - 17, 2010, WITH OPTIONAL EXTENSION TO WAYQECHA OCTOBER 16 – 19, 2010.

GUEST FULL NAME (PRINT) _____

SIGNED _____

SIGNED BY PARENT (IF APP.) _____

DATED _____

EACH GUEST MUST SUBMIT AN ORIGINAL COPY OF THIS SIGNED FORM TO THE ACEER FOUNDATION.

ACEER FOUNDATION PHOTO RELEASE FORM

I GRANT PERMISSION TO THE ACEER FOUNDATION AND ITS AGENTS OR EMPLOYEES, TO USE PHOTOGRAPHS TAKEN OF ME FOR USE IN ACEER PUBLICATIONS, BOTH PRINTED AND ELECTRONIC. I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PHOTOGRAPHS OR PRINTED OR ELECTRONIC MATTER THAT MAY BE USED IN CONJUNCTION WITH THEM NOW OR IN THE FUTURE, WHETHER THAT USE IS KNOWN TO ME OR UNKNOWN, AND I WAIVE ANY RIGHT TO ROYALTIES OR OTHER COMPENSATION ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPH. I HEREBY AGREE TO RELEASE, DEFEND AND HOLD HARMLESS THE ACEER FOUNDATION AND ITS AGENTS OR EMPLOYEES, INCLUDING ANY FIRM PUBLISHING AND/OR DISTRIBUTING THE FINISHED PRODUCT IN WHOLE OR IN PART, WHETHER ON PAPER OR VIA ELECTRONIC MEDIA, FROM AND AGAINST ANY CLAIMS, DAMAGES OR LIABILITY ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS, INCLUDING BUT NOT LIMITED TO ANY MISUSE, DISTORTION, BLURRING, ALTERATION, OPTICAL ILLUSION OR USE IN COMPOSITE FORM, EITHER INTENTIONALLY OR OTHERWISE, THAT MAY OCCUR OR BE PRODUCED IN TAKING, PROCESSING, REDUCTION OR PRODUCTION OF THE FINISHED PRODUCT, ITS PUBLICATION OR DISTRIBUTION. IT IS THE DISCRETION OF THE ACEER FOUNDATION TO DECIDE WHETHER TO USE THE IMAGE.

I AM 18 YEARS OF AGE OR OLDER AND I AM COMPETENT TO CONTRACT IN MY OWN NAME. I HAVE READ THIS RELEASE BEFORE SIGNING BELOW, AND I FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THIS RELEASE. I UNDERSTAND THAT I AM FREE TO ADDRESS ANY SPECIFIC QUESTIONS REGARDING THIS RELEASE BY SUBMITTING THOSE QUESTIONS IN WRITING PRIOR TO SIGNING, AND I AGREE THAT MY FAILURE TO DO SO WILL BE INTERPRETED AS A FREE AND KNOWLEDGEABLE ACCEPTANCE OF THE TERMS OF THIS RELEASE.

NAME (PLEASE PRINT)

SIGNATURE

SIGNATURE OF GUARDIAN [IF UNDER 18 YEARS OF AGE]

DATE