

ACKNOWLEDGMENT & RELEASE

Participants who choose to travel with CMT assume responsibility for their personal safety, whether guided or during free time. The Participant has informed himself or herself of the conditions and locations where they will be during the program, has consulted with appropriate medical personnel, and has determined that his/her health is adequate to participate safely in the CMT program.

Participant recognizes that there are inherent risks that participant must assume when he/she participates in a program. Participant recognizes that CMT does not assume any responsibility for injury, sickness, personal health, or death, or loss of damage to property while participant is participating in a CMT program.

LIABILITY RELEASE STATEMENT

I have read the disclaimer stated above and I hereby release and discharge Carlson Maritime Travel, its agents, employees, officers, directors, shareholders and successors from and against any and all liability arising from my participation in this trip. I agree that this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it being my intention to fully assume all risk of travel and to release Carlson Maritime Travel from any and all liabilities to the maximum permitted by law.

By signing below, the participant agrees that he/she understands that a CMT program may involve risk, hazards and foreseen and unforeseen circumstances and that the participant is prepared to accept those risks.

(▶)Signature: _____
(▶)Name: _____ (▶) Dates of travel: _____
(▶)Address (Street) _____ City _____ State _____ Zip _____

CREDIT CARD AUTHORIZATION (Fill out only if paying by credit card)

Dear Client,

In order to authorize Carlson Maritime Travel to charge your credit card for the services indicated, please fill out and return this form to our office at the address listed above or via fax 727.945.1919.

Charges can only be made to the actual traveler's credit card – except for spouses and children. We reserve the right to refuse to accept charges to any credit card not issued to the traveler.

FIRST NAME _____ M.I. _____ LAST NAME _____
(credit card holder – as it appears on your credit card)

BILLING ADDRESS: _____

TEL (Days) _____ Cell _____

FAX _____ EMAIL _____

TYPE OF CREDIT CARD – AX VI MC DS

ACCOUNT NUMBER _____ EXP.DATE _____

Credit Card Security Code* _____

* The last 3 digits found on the signature strip on the reverse side of your VISA or MASTERCARD
Or the 4 digits found on the front side of your AMERICAN EXPRESS CARD

▶ SIGNATURE _____ DATE _____
(authorized signature)

AMOUNT AUTHORIZED: \$ _____ DATES OF TRAVEL _____

Your tour price reflects a cash payment discount. If paying by credit card:

***A 3.5% merchant fee has been added**