

Kristy of Morocco ~ Guided Trips

PARTICIPANT INFORMATION & RELEASE OF LIABILITY

Dear Friends:

Please fill out and sign this form and fax or mail it back to us as soon as possible.

Trip Name _____ **Trip Date** _____

Participant Information

Name _____ E-mail address _____

Address _____ Occupation _____

City _____ State _____ Date of birth (mm/dd/yyyy) _____

Postal code _____ Country _____

Tel _____ (h) _____ (bus) _____ Place of Birth _____

Fax _____ Height _____ Weight _____ Male ___ Female ___

Passport # _____ Name as on passport _____ Citizenship _____

Date of issue (mm/dd/yy) _____ Expiry date (mm/dd/yy) _____ Place of issue _____

Emergency Contact Information (someone NOT traveling with you)

Name _____ Relationship _____

Address _____

Telephone _____ (h) _____ (bus) _____ (cell) _____

Travel Insurance Information

Do you have travel insurance, inclusive of trip cancellation, lost luggage, medical and evacuation?

YES ___ NO ___

If you have checked YES, please provide us with the following:

Name of insurance company _____ Policy # _____

Contact information _____

Please keep in mind that if you choose not to purchase medical/evacuation insurance or trip cancellation/interruption coverage, you will be fully responsible for any expenses that you may incur in the event that you need to cancel the trip or of a medical emergency while on the trip. In the event of an emergency, the trip leader is responsible for making the final decision regarding evacuation.

Please refer to the trip itinerary for information on the cancellation policy.

Medical Information

It is important we have medical information on each trip participant for use by the trip leader. It will be provided to medical personnel in the event of an emergency during the trip. Do you have any significant medical problems (epilepsy, heart disease, congestive failure, ulcers, diabetes, asthma or lung disease, prior heart attack or bypass surgery, foot, leg or back problems, high blood pressure, colitis or recurrent intestinal problems, arthritis, recurring thrombosis in legs or lungs),

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abnormalities in your health and medical history, limiting physical disabilities or handicaps (temporary or permanent) that require the regular care of a doctor?

YES ___ NO ___ If yes, please explain in details:

Have you been **hospitalized** and/or had **surgery** in the past three years?

YES ___ NO ___ If yes, please explain when and why:

Do you have **allergies** of any kind (including to drugs)?

YES ___ NO ___ If yes, please explain which ones and their side effects:

Are you taking any **medications**?

YES ___ NO ___ If yes, please explain which ones and their purpose:

Do you have any **dietary restrictions**?

YES ___ NO ___ If yes, please list which ones:

Arrival Information

City _____

Flight # _____

Time/Date _____

Departure Information

City _____

Flight # _____

Time/Date _____

TERMS & CONDITIONS

LIMITATION OF LIABILITY

Kristy Larson and its members, owners, directors, officers, employees, representatives and affiliates, including Kristy Larson (collectively "Kristy Larson"), does not own or operate any entity that provides goods or services for your trip including, for example, ownership or control over hotels or other lodging facilities, airline, vessel, bus, van or other transportation companies, local ground operators, providers or organizers of optional excursions, food service or entertainment providers, etc. All such persons and entities are independent contractors. As a result, Kristy Larson is not liable for any negligent or willful act or failure to act of any such person or entity, or of any other third party. Without limitation, Kristy Larson is not responsible for any injury, loss, or damage to person or property, death, delay or inconvenience in connection with the provision of any goods or services occasioned by or resulting from, but not limited to, acts of God, force majeure, acts of war or civil unrest, insurrection or revolt, strikes or other labor activities, criminal or terrorist activities of any kind or the threat thereof, overbooking or downgrading of accommodations, structural or other defective conditions in hotels or other lodging facilities, mechanical or other failure of airplanes or other means of transportation or for any failure of any transportation mechanism to arrive or depart timely, dangers associated with animals, marine life or vegetation of any sort, epidemics or the threat thereof, dangers incident to recreational activities such as hiking, rafting, etc., sanitation problems, food poisoning, lack of, access to or quality of medical care, difficulty in evacuation in case of a medical or other emergency, or for any other cause beyond the direct control of Kristy Larson.

