



PEOPLE-TO-PEOPLE SAFARIS

Participant Information

First name:

Last name:

Email address:

Telephone number:

Home address:

Postal address:

Emergency contact number and relation:

Passport information: #

Date of Issue:

Date of Expiry:

Place of Issue:

Citizenship:

Date of Birth:

Country of Birth:

Gender:

Ethnicity:

Languages spoken:

Dietary requirements:

Roommate preference:

Smoking or non-smoking?

Special travel arrangements?



PEOPLE-TO-PEOPLE SAFARIS

Liability Agreement

1. I, _____ (full name), am a participant in Terrawatu's People-to-People Safari to Tanzania from May (starting date) to June (ending date).

2. I have voluntarily enrolled in Terrawatu's People-to-People Safari. I understand that travel to any new place, especially in a developing region, may involve changes in plans, unexpected delays, and limited access to some services. I understand that I am subject to the laws of the country(ies) we are visiting, including those of migration, and that Terrawatu cannot be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, housing, food, and other goods and services or activities in connection with participation in the program carries a risk of personal injury and property damage or loss.

3. I release and discharge Terrawatu, its officers, directors, employees, and legal representatives from liability or injury, damage or loss arising out of the arrangement or provision of transportation, housing, food, and any other services or goods involved in the People-to-People Safari. I agree not to sue or make a claim against Terrawatu or any co-sponsoring organization and its officers, employees, directors and legal representatives for any liability, damage, or loss incurred during or in connection with the tour. I do not release the above mentioned parties from liability for willful or intentional acts.

4. I understand that payment for the trip is NON-REFUNDABLE as of 30 days prior to the scheduled departure unless Terrawatu itself cancels the trip. I agree to Terrawatu's right to cancel the trip or to cancel my participation in the trip, under reasonable circumstances, at any time as long as all money I have paid to Terrawatu is refunded to me.

5. I understand that Terrawatu recommends travel insurance and consultation with medical professionals at a travel clinic prior to departure for Tanzania.

Signature _____ Date _____

Terrawatu



PEOPLE-TO-PEOPLE SAFARIS

Health Form

Travel to new places is always stressful on your body and travel to developing countries can be especially taxing. Health care may not be easily accessible in areas we are visiting. For these reasons it is important that you consider carefully the state of your health and make sure you carry with you medication you may need and that you update your immunizations before leaving.

While in Tanzania, Terrawatu has close partnerships with highly reputable health professionals including Flying Doctors. Please answer the following questions keeping in mind that they are designed to give us information we will need if you require healthcare. We recommend a health check-up both before and after your trip.

1. Do you have health insurance?

Name of health insurance provider

Policy Number

2. Please indicate any aspect of your health which may affect you during this trip (back pain, diabetes, allergies, epilepsy, etc.) Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication.

3. Do you have any special dietary needs? If so, please specify.

I have answered the above questions to the best of my knowledge and have not withheld any relevant information.

Signature _____ Date _____

Terrawatu

3225 Franklin Ave. Suite 407 ◊ Miami, FL 33133 ◊ Phone: 305.213.7106 ◊ Fax: 775.618.0922 ◊ www.terrawatu.org



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