



Giving Journeys - Mt. Kilimanjaro

Name of Trip: Giving Journeys-Kilimanjaro

Date of Departure: January 13, 2018

Please fill in one application for each participant . (Please print or type all information) Your Full Name (as it appears on your passport):

Mailing Address:

City: State: Zip:

Home Phone: Office Phone: Fax or email;

Occupation: marital status:

Gender: Age: Height: Weight: Citizenship:

Birth date (Month/Day/Year): Birth place:

Passport Number: Place of issue: Date of expiration:

In case of Emergency please notify:

Address:

Telephone: Relation:

Describe your health:

Dietary restrictions:

Describe the nature and extent of your camping, hiking or other outdoor experience?

MEDICAL APPROVAL FORM

Name _____

Trip: Giving Journeys -Kilimanjaro

Activity: Climb Kilimanjaro

Departure: January 13, 2018



TO BE COMPLETED BY TRIP PARTICIPANT:

PLEASE EXPLAIN ANY YES ANSWER IN DETAIL BELOW

1. Do you have, or have you ever been told by a doctor that you had: Epilepsy, High blood pressure, Heart or Lung disease, Heart murmur or Pacemaker, Asthma, Colitis or Intestinal trouble, Peptic Ulcers or Stomach trouble, Diabetes, any significant back, Foot or Leg problems, or any other medical conditions? If Yes provide details.
2. Do you have, or have you ever had, any significant illness requiring regular care of a Doctor
3. Do you take medication regularly? If yes which one (s) and what for?
4. Do you have any allergies or allergic reactions to any drugs, foods? Which ones and what effect?
5. Have you been hospitalized in the past 3 years? If Yes , please provide the detail information about your hospitalization : (In case you need more space, please joint a sheet)

I undersign that all the information is the truth and I disclose all my medical conditions to Giving Journeys.

ASSUMPTION OF RISK AND RELEASE: You understand and acknowledge that, if you participate in activities during your trip, certain risks and dangers may arise, including, but not limited to, the risk of accidents in remote places without access to medical facilities, transportation, or means of rapid evacuation and assistance; the hazards of traveling in unsafe or politically unstable areas or under unsafe conditions; the dangers of civil disturbances, war, extortion, kidnapping, and terrorist activities; Tour activities that may involve increased risks including, but not limited to, gorilla trekking and walking safaris; dangers and risks inherent in activities in underdeveloped countries; dangers of local law enforcement activity; attacks or bites by animals, pests, or insects; quarantine; epidemics; injury or death while on activities sponsored by lodging facilities or third parties; sickness; lack of appropriate medical care; or criminal activity. YOU DO HEREBY EXPRESSLY ASSUME ALL OF THESE RISKS AND DANGERS, AND YOU DO HEREBY EXPRESSLY AGREE TO FOREVER RELEASE, DISCHARGE AND HOLD US AND OUR AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, ASSOCIATES, AFFILIATED COMPANIES, GUIDES, GROUP LEADERS, AND SUBCONTRACTORS HARMLESS AGAINST ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, SUITS, CLAIMS, AND DEMANDS OF ANY AND EVERY KIND AND NATURE WHATSOEVER WHICH YOU NOW HAVE OR WHICH MAY HEREAFTER ARISE OUT OF OR IN CONNECTION WITH YOUR TRIP OR PARTICIPATION IN ANY ACTIVITIES IN WHICH YOU PARTICIPATE.

Signature: _____