



### TRAVEL INFORMATION & MEDICAL FORM

The purpose of this form is to properly prepare the leaders of your trip. Information revealed on this form will be considered confidential and it will not be used to deny you access to the program. *If at the time of filling out this form, you do not have your passport, please fill in all the other information and email or phone in your passport number once you have received it.*

Trip Package Purchased \_\_\_\_\_ Trip Date \_\_\_\_\_

Name (as it appears on your passport) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov / State \_\_\_\_\_ Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_ Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Birth Date (m/d/y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insur. Plan \_\_\_\_\_ Group No \_\_\_\_\_ ID No \_\_\_\_\_

**In case of emergency please notify** \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**ARRIVAL & DEPARTURE DETAILS**

Arrival Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Arr. Date \_\_\_\_\_ Arr. Time \_\_\_\_\_

Departure Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Dep. Date \_\_\_\_\_ Dep. Time \_\_\_\_\_

**EXTRA PRE & POST TRIP ARRANGEMENTS**

I am arriving on Day 0 of the trip and departing the day after the trip finishes, and require no further arrangements.

I am arriving before Day 0 on a Belize trip and will meet you at the Belize Biltmore Plaza Hotel by 4pm. Prior to my trip, I will be staying at \_\_\_\_\_

I am arriving earlier than Day 0, and require you to make pre-trip arrangements for me and my party

Book domestic flights from \_\_\_\_\_ to \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Book extra accommodations at \_\_\_\_\_ checking in on \_\_\_\_\_ checking out on \_\_\_\_\_

I am remaining in country after my trip, and require you to make post-trip arrangements for me and my party

Book domestic flights from \_\_\_\_\_ to \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Book extra accommodations at \_\_\_\_\_ checking in on \_\_\_\_\_ checking out on \_\_\_\_\_

Extra Details \_\_\_\_\_

**Paradise Islands & Glovers Reef & River of Cave Guests** may require transportation from Dangriga to Belize City after the trip.  Book my flight to coincide with my international departure from Belize International Airport (BZE) and charge my account \$75 USD per person  Book a flight & hotel package, which includes flights to the Belize Municipal Airport (TZA) and a night at the Belize Biltmore Plaza. Cost:  Sgl-\$139pp,  Dbl-\$99pp,  Trpl-\$86pp,  Quad-\$79pp.

**HEALTH & DIET**

**It is mandatory that you have had a tetanus inoculation within the last 10 years. Island Expeditions requires that all participants have an up to date tetanus inoculation to participate on the trip.**

Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical Condition: Excellent  Good  Fair  Poor

Eyesight: Excellent  Good  Fair  Poor  Glasses  Contact Lenses

(It is recommended that if you are dependent upon glasses or contact lenses for adequate vision, a spare set be brought with you, as well as, all necessary cleaning solutions and safety bands, e.g. Croakies).

**Dietary Restrictions** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_ **Severity** \_\_\_\_\_

If you have allergies, are you required to carry an epi-pen? Yes  No

Are you on any medications (prescription or non-prescription)? Yes  No

(If Yes, please provide details. Please be sure to include proper spelling for medications and provide clear dosage and condition details). Please bring spare medications, and pack them as carry-on for your international flights.

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Details \_\_\_\_\_

Have you been under a doctor's care in the last 12 months? Yes  No

If yes, give details \_\_\_\_\_

\* Chronic Disability or Illness (Please list appropriate: high blood pressure, heart condition, epilepsy, diabetes, headaches, nosebleeds, fainting, asthma, emphysema, or other)

**\* I understand that if I have answered yes to above question that I am responsible to consult my doctor about my ability to participate in this tour and may require a letter from my doctor. Please contact us if you have any questions.**

It is helpful for our guides to be aware of your swimming abilities. If you are uncomfortable or challenged in any way while swimming please provide details. \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

Do you feel that you have any psychological limitations? (fear of water, fear of heights, etc.)

Please explain \_\_\_\_\_

Extra Notes \_\_\_\_\_

**If any of the above information changes leading up to or during the trip, I will inform the leaders so that the changes can be recorded.**

Print name: \_\_\_\_\_

Signature (Or Signature of Parent / Guardian, if participant is under 19 yrs of age):

\_\_\_\_\_

## RELEASE OF LIABILITY & WAIVER FORM

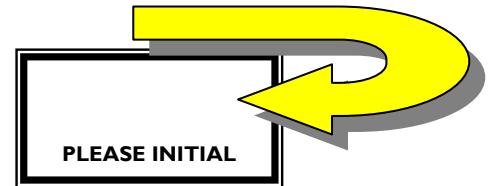
ISLAND EXPEDITIONS CO LTD.

### RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**THE FOLLOWING AGREEMENT CONTAINS WAIVER OF CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

**PLEASE READ CAREFULLY!**

Full Name \_\_\_\_\_



**TO: ISLAND EXPEDITIONS CO LTD. (hereinafter referred to as "the OPERATOR")**

#### **DEFINITION**

In this agreement the term "Activities" shall include all activities in any way related to the excursions, adventures and exploration organized for me by the Operator, including, but not limited to, orientation and instruction sessions, transportation and travel to and from the destination, kayaking, snorkeling, scuba diving, c-breathing, fishing, surfing, hiking, windsurfing, caving, and activities of any nature whatsoever, whether or not undertaken under the supervision of or in the presence of the Operator.

#### **ACKNOWLEDGEMENT - ACTIVITY SAFETY**

- I understand and acknowledge that the Activities may involve physical exertion, which may result in injury or aggravation of pre-existing physical injuries, conditions, symptoms or congenital defects to participant. I acknowledge I have been advised to seek medical advice if I know or suspect that my physical condition may be incompatible with the Activities. - I acknowledge I may require the use of safety equipment during the Activities, however potentially dangerous conditions exist which are beyond the control of the Operator including, but not limited to: acts of God, weather, riots, robbery, water or nutrition contamination, exposure to sun, tetanus, malaria and other disease, political instability, war, floods, or earthquakes.

- I acknowledge I have been strongly advised to purchase full travel insurance which covers medical emergencies, evacuations and trip cancellation.

#### **ASSUMPTION OF RISKS**

I am aware that the Activities involve many risks, dangers and hazards including, but not limited to: accidents occurring during boarding or disembarking from aircraft or other means of transportation or during transportation to or from the Activities, the overturning or sinking of watercraft, falling out of watercraft on the water and the risk of drowning, impact or collision with rocks, trees, logs, deadfall, power boats, ramps or other vessels; rapid and extreme changes in weather conditions; variations in the water conditions, surfaces and currents; failure of scuba diving or c-breathing apparatus or safety equipment; vehicle collisions; encounters with domestic and wild animals; becoming lost or separated from the guide or other participants; negligence of other participants in the Activities or others not involved in the Activities; and **NEGLIGENCE ON THE PART OF THE OPERATOR, INCLUDING THE FAILURE BY THE OPERATOR TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES.** I am aware that the risks, dangers and hazards of the Activities contribute to the enjoyment and excitement of the experience and **I FREELY ACCEPT AND FULLY ASSUME ALL RISKS, DANGERS AND HAZARDS ASSOCIATED WITH THE ACTIVITIES AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.**

**RESERVATIONS AND RESTRICTIONS**The Operator:

- (0) reserves the right to cancel any Activities, or places on any itinerary, substitute hotels or leaders, when necessary, or advisable, without prior notice;
- (1) may remove or alter, without penalty, any Activities in order to ensure safety and proper handling of the Activities;
- (2) shall not be responsible for any cost arising from any emergency or evacuation involving my safety and I agree to pay all such costs and any other expenses related thereto;
- (3) reserves the right to decline to permit me to participate or continue to participate in any Activities if it judges me to be incapable of meeting the rigors and requirements of participating in the Activities, or if my actions or department impede trip operations or the rights, welfare or enjoyment of other trip members. A refund based on cost of unused land services is the limit of the Operator's responsibility;
- (4) reserves the right to cancel any trip prior to departure and is hereby released from any and all liability for cancellation of any trip, or portion thereof, except for payment of a land cost refund as set forth in the section on "Cancellations and Refunds" on the registration form;
- (5) shall not be held liable for damage to or loss of personal property or for time or expense incurred, or for any irregularity which may be occasioned through acts of any company and/or persons engaged in the Activities;
- (6) reserves the right to take photographs and film records of any of their trips and may use any such records for promotional and/or commercial purposes, and I waive and release the Operator for any liability or compensation for the use of my image.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of THE OPERATOR agreeing to my participation in the Activities and permitting my use of its equipment, vehicles, accommodation and other facilities (hereinafter referred to as the "Facilities"), and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE OPERATOR , AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, GUIDES, INSTRUCTORS, INDEPENDENT CONTRACTORS, SUB-CONTRACTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS (all of whom are hereinafter referred to as the "RELEASEES") AND TO RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer as a result of my participation in the Activities, DUE TO NEGLIGENCE, BREACH OF CONTRACT, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITIES REFERRED TO ABOVE;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Activities;
3. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia; and
5. Any litigation involving the parties to this Agreement shall be brought within the Province of British Columbia.

In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the Activities, other than what is set forth in this Agreement.

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND ACCEPT ITS TERMS, AND I AM AWARE THAT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

**PARTICIPANT NAME:** \_\_\_\_\_

**PARTICIPANT SIGNATURE (Or Signature of Parent / Guardian, if participant is under 19 yrs of age):**

\_\_\_\_\_