

Himalayan Health E X C H A N G E

Trip Application

To participate in a trip, you must read, fill out, sign and return this application with a deposit.

TRIP NAME _____

TRIP DATE _____

I Personal

a) Name _____

b) Occupation/Student Year _____

c) Address _____

City _____ State _____ Zip Code _____

Country _____

d) Daytime telephone _____ Evening _____

Fax _____ E-mail _____

e) Passport# _____ Nationality _____

Issue Date _____ Expiration _____

Place of Issue _____ Birthdate _____

II HEALTH

a) Age _____ Weight _____ Height _____ Sex _____

b) Do you have any special dietary needs? Please describe:

c) Do you have any special medical needs or allergies? Please describe:

d) Will you volunteer to carry camp/clinic supplies? Yes/No _____

e) Are you a smoker? YES NO

f) Are you willing to share hotel accommodations?
YES NO

(If NO, there will be a supplement charge of \$200. If we cannot find you a roommate, the charge will be dropped.)

g) Are you traveling alone?

III Other Information

Person to be contacted in case of emergency

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Daytime telephone _____ Evening _____

IV RESERVATIONS

To reserve space on a trip, submit your application form with a deposit of \$500. We will send you a confirmation via e-mail along with more information about your trip. The balance will be due 120 days prior to departure or as mentioned in the detailed itinerary of your trip.

V PAYMENT : *CHECKS OR MONEY ORDERS ONLY

VI International Departure Gateway: Circle One

U.S. East Coast: Boston - Washington D.C. - New York - Newark- Atlanta

If you are flying from outside the U.S., contact us

ASSUMPTION OF ALL RISKS AND RELEASE OF LIABILITY.

I expressly recognize and acknowledge that there are numerous risks, hazards and dangers incident to the participation in any of the activities incident to the trip or outings in which I desire to participate, including hazards incident to travel in mountainous terrain, on water including rapids, the forces of nature, travel by aircraft, boat, raft, automobile, bus or other means of conveyance, the occurrence of any one of which could result in serious injury, financial loss, and disability, (hereinafter "injury" or "injuries" including but not limited to, personal injuries such as sprains, strains, broken bones, torn ligaments, pain and suffering, emotional or mental injuries, and death, as well as property damage. Such incidents may occur anywhere, including in remote or inaccessible areas without means of rapid evacuation and without the availability of medical supplies or facilities. This list is for illustrative purposes only; the Undersigned understands and agrees that this document applies to any and all injuries, which might arise from participation in outdoor adventure activities. The Undersigned does expressly acknowledge that the enjoyment and excitement of adventure travel related to medical expeditions as provided by *Himalayan Health Exchange* is derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life or activities at home, work or other forms of recreation or vacation.

I expressly acknowledge, recognize and voluntarily assume the risks of any injury, as well as all loss or damage, of whatever kind or character and from any cause, expressly, including any injury, loss or damage resulting in any way from any acts of omission, commission, or negligence on the part of any guides, sponsors, other participants, associates, property owners and proprietors of any of the premises used by this organization, *Himalayan Health Exchange* and all agents, officers, employees, representatives, successors and predecessors thereof, in any way arising from or related to my participation in the activities.

I further agree that all such participation shall be at the Undersigned's own risk and the Undersigned expressly assumes the risk of any and all such injuries. The Undersigned does hereby covenant not to sue and does further expressly agree that the above persons, firms, entities and the Georgia Board of Regents and the State of Georgia, are forever released and discharged and shall not be liable for any claims and demands for injuries, damages, actions or causes of action which arise out of the Undersigned's participation in medical expeditions offered by *Himalayan Health Exchange*.

In addition to expressly releasing and discharging the above, the Undersigned further expressly agrees to indemnify and hold harmless such persons, firms and entities encompassed by this agreement from any and all claims, demands, injuries, damages, actions or causes of action arising from Undersigned's participation in the outings offered by *Himalayan Health Exchange*, including but not limited to all attorney's fees, costs, expenses, damages, judgments or actions in any form.

It is agreed that this agreement shall be construed and governed in accordance with the laws of Georgia and the Undersigned hereby consents and agrees that all disputes and matters whatsoever arising under, or in connection with, this Agreement shall be presented and resolved exclusively in a Court located in DeKalb County, Georgia.

The Undersigned further expressly agrees that any modification or revision of any provisions of this agreement must be made in writing and executed by both the Undersigned and *Himalayan Health Exchange*, and that there can be no oral modification of this agreement whatsoever.

I HAVE READ AND CLEARLY UNDERSTAND THE LANGUAGE AND MEANING OF ALL THE PROVISIONS OF THIS AGREEMENT. I HAVE READ AND CLEARLY UNDERSTAND THE TERMS AND CONDITIONS AND FREELY AND VOLUNTARILY CHOOSE TO PARTICIPATE.

Signature

Date

Parent/Legal Guardian (If participant is under 21 years)

Date

HIMALAYAN HEALTH EXCHANGE
P.O. Box 610
Decatur, Georgia 30031-0610
Tel: 404-929-9399
Fax: 404-929-9321

TERMS AND CONDITIONS

TRANSFER, CANCELLATION AND REFUNDS

If you wish to transfer to a different trip, you must do so 121 days or more prior to the trip departure date, a fee of \$100 will apply. If you cancel your reservation your deposit and trip cost will be returned less a cancellation fee as follows:

121 Days or more before trip departure date \$100
91-120 Days before trip departure date \$500
61-90 Days before trip departure date 50% of land Cost
46-60 Days before trip departure date 75% of land Cost
45 days or less before trip departure date 100% of land Cost
Penalties on cancellation of international and domestic air tickets will be determined by the airlines or travel agencies.

a) CANCELLED TRIPS

Himalayan Health reserves the right to cancel any trip prior to departure for insufficient sign-up. In such cases, all reservation fees will be refunded. Himalayan Health is not responsible for non-recoverable expenses such as non-refundable, advance purchase of air tickets, insurance costs, visa fees, equipment, vaccines, or any expense incurred in your preparation for a trip. The above mentioned trip cancellation terms and conditions on refund will apply in case of trip cancellation by the participant or Himalayan Health due to war, acts of God, government-issued restrictive travel advisory warnings, political unrest and/or terrorist activities or threats.

b) INSURANCE

Trip participants are required to purchase individual trip cancellation and medical evacuation insurance for the full amount of the cost of the trip. This insurance must cover including but not limited to the following: 1) all deposits and payments if you need to cancel your trip prior to departure because of illness or family emergencies; 2) emergency medical evacuation; 3) payments in the event of early return or trip interruption due to natural calamities.

c) COVERED EXPENSES

Total trip cost includes: international airfare from any U.S. gateway mentioned in trip itinerary, accommodations in hotels, guest houses and tents on double occupancy, three meals a day, service of guides, cooks, porters and drivers, all transfers on team's arrival and departure date, non-domestic ground transportation, permits and tents.

Cost does not include: domestic flights connecting to international airports, passports, visa, insurance of any kind, immunization, medical costs related to illness or injury, evacuation from remote areas, alcoholic beverages, laundry, excess baggage charges, pick-up & drop-off at port of arrival/departure outside of trip dates, expenses arising from delay or extension of a trip due to weather, landslide, illness, failure of transportation, cancellation of flights or causes beyond the control of Himalayan Health and its staff.

d) PARTICIPANTS RESPONSIBILITY

As a participant on any of our Health Expeditions you have certain responsibilities to yourself and other team members, staff accompanying the team and people of the areas you travel through. These include:

- * Selecting a trip appropriate to your physical ability
- * Bringing proper equipment and clothing as advised in the Pre-Travel Advice document.
- * Reading and understanding the information provided by Himalayan Health
- * Following the directions of your trip leader
- * Behaving in a manner respectable towards natural environments and local customs of the areas you visit or travel to.

Signature _____