

## **EDUCATION ON SAFARI**

2420 W. 60<sup>th</sup> Ave.

Manhattan, KS 66503

(785) 477-9898

[info@educationonsafari.com](mailto:info@educationonsafari.com)

### **PARTICIPANT INFORMATION FORM**

Please provide all requested information and sign the Assumption of Risk and Release from Liability. Mail or email a PDF of the signed form to the address listed above.

Full name as it appears on passport:		
Nationality:	Passport Number:*	Expiration Date:
Mailing Address:		
Phone:	Fax:	E-mail:
Departure Date from Home **	Date/Time of Arrival at Kilimanjaro Airport	Arrival Flight Number
Medical Insurance Company and phone #:	Emergency Contact Person, address, and phone #:	
Allergies:	Dietary Restrictions:	
Previously existing medical conditions which may affect my travel:		

\*Passport must be valid for at least 6 months beyond the date of entry into Tanzania. A VISA for Tanzania may be obtained at the airport on arrival.

\*\* Details of arrival not necessary at time of booking.

# EDUCATION ON SAFARI, LLC

## RELEASE FROM LIABILITY AND ASSUMPTION OF RISK

I fully realize and acknowledge that there is an element of risk when participating in a tour of this type and voluntarily assume all the risks associated with my participation. I acknowledge these risks, which include, among others, the risk of injury or illness in remote places without medical facilities; the ever present danger posed by the forces of nature, including wild animals; the risk of accident during travel by aircraft, automobile, truck, bus, watercraft and other means of transportation; and I acknowledge the dangers and rigors imposed by such activities. Knowing these risks, I fully assume all risk of illness, injury or death and release Education on Safari LLC, associates and suppliers from all actions, claims or demands for damages or expenses resulting from my participation in the trip.

I agree that it is my responsibility to be familiar with and capable of handling the physical and/or mental demands associated with the tour. I declare that I have no physical, mental or psychological condition that would endanger me or others if I participate in this tour or that would interfere with my ability to participate. I agree to abide by any rules established by the guide while I am participating, and understand and acknowledge that failure or refusal on my part to do so shall entitle the guide to deny me further participation in the tour. Such a denial of service shall not entitle me to any refund for the tour.

I acknowledge that the obligation stated here is binding upon me, my heirs, executors and administrators, and members of my family. I agree that any medical expenses incurred, including helicopter airlift, will be my sole responsibility and that I will be responsible for all such expenses. I acknowledge that I have carefully read and understand this agreement, as well as the booking terms of conditions. I acknowledge that this is a liability release and a legally binding contract between myself and Education on Safari LLC and sign it of my own free will.

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Participant's Name

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Participant's Signature

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Dated (day/month/year)