

Name (Official name as it appears on your passport) _____

Group you will be traveling with (church, school, or coordinator's name): _____

Proposed dates of travel _____

Preferred mailing address Home Work _____

City _____ State/Prov. _____ Zip/Postal Code _____

Overnight mailing address (where someone is present during the day to receive deliveries) **NO PO Boxes.** Same as above Other _____

Address (include zip code)

Phones: Home _____ Work _____ Cell _____

E-mail address _____

Gender: M F Will you be traveling with a spouse or parent/family member? _____**Passport Information:** Country of Citizenship _____

Passport Number _____ Date of issuance _____ Expiration _____

Place of issuance _____ Date of birth _____

In-country costs for Partner trips range between \$100 to \$150 per day per person depending on itinerary, length of stay and size of group. A Haiti Partners staff person will let you know the exact cost for you and/or your group. This per day amount includes three meals, overnight lodging (including internet access), transportation, and interpreters. We ask that you pay one week prior to your departure to Haiti via check, credit card, automatic bank withdraw or paypal. (www.haitipartners.org/donate/)

I agree to have these funds to Haiti Partners one week prior to my departure to Haiti._____
Signature

Medical Information

Partner trips can be physically demanding. Examples: ♦ Climate changes--high temperatures and high humidity ♦ Exposure to unfamiliar bacteria due to change in diet ♦ Long days and often full schedules ♦ Sometimes travel in cramped vehicles ♦ Some travel on foot ♦ Possible travel by boat ♦ Limited availability of some medical equipment and medicines

These factors, combined with potential strains from culture shock and intensive interaction with other group members, can affect your health. We suggest you thoughtfully assess your physical and mental health in light of the potential rigors of the trip. We encourage you to consult with your doctor and talk with our staff if you have questions or concerns.

1. Name (please print) _____ Age _____ Blood type _____

2. Do you suffer from any of the following medical conditions?

- epilepsy
- allergies (including allergies to any medicines)
- heart condition
- diabetes
- back problems or other injuries
- emphysema
- high blood pressure
- others (please list)

Other conditions, including addictions (ie. alcoholism, substance abuse or chemical dependencies or eating disorders), might have a significant affect on your travels and the experiences of the group as a whole. Could you please address this concern?

3. Are you currently or have you been under a doctor's care during the past six months? No Yes

If yes, what conditions are being treated?

How might these conditions affect your travels?

4. As noted at the top of this page, PARTNER trips can be physically demanding and emotionally draining. Please share with us if you have any concerns about your mental or emotional well-being and how the strains of this trip might affect you and/or others in your traveling group? Please share as to whether you are currently, or have been in the recent past, receiving therapeutic care for any mental, emotional or nervous disorder.

5. Do you take any medications? If so, please specify names, conditions which they treat, and possible side effects:

6. Do you have any special dietary needs (even if voluntary, such as vegetarian)? *Please explain.*

7. Medical insurance is required which would cover any costs of treatment received during the trip. Will your policy cover these expenses outside of the United States? _____

8. I will assume all medical costs incurred while participating in the Partners Program. _____ *Please initial*

9. Any other comments about your health?

Please indicate your carrier and policy number _____

In case of illness or emergency, please notify:

Name/Relationship _____

Address _____ City _____

State/Prov. _____ Zip/Postal Code _____

Telephone _____

Day

Evening

Note: Haiti Partners reserves the right to request additional health information from you before confirming your participation in a Partner trip, and/or to require a statement from your physician or other health care provider verifying your health.

The above information is correct to the best of my knowledge and I agree to the conditions and policies for traveling in Haiti with Haiti Partners.

Signature of applicant

Date

Name of applicant (please print)

RELEASE/DISCLAIMER OF LIABILITY

I, _____, in consideration of the benefits derived from my participation in the trip to Haiti on _____ (dates), administratively organized by Haiti Partners, do hereby voluntarily release, acquit and forever discharge Haiti Partners and its directors, officers, employees, and agents from all manner of suits, actions, claims, demands and liabilities which may arise from my participation in the trip.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks (including political instability) to me and to my personal property, and I enter into participation in this trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury or property damages, arising out of my participation in the trip. No provision of this document shall, in any way, limit my right to make claims against persons other than Haiti Partners, its directors, officers, employees and agents.

(Signed) _____

Date: _____

Please send this completed application and your check payable to Haiti Partners at: Haiti Partners, PO Box 2865, Vero Beach, FL 32961 or email (with electronic signature) to info@haitipartners.org

For additional information, or if you have any questions, please call our office at 772-539-8521 or email info@haitipartners.org