

Please fill out your contact information and answer all questions below. If you are uncomfortable with Mansa Musa Tours having any of your medical information, please print a completed copy for yourself to bring on trip in case of emergency & omit that portion from the form when you submit it

Please check if a child will accompany you

APPLICATION TO TRAVEL AND RELEASE OF LIABILITY

PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:
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Home Address

Address:	Apt./Unit#:	
City:	State:	Zip Code:

Mailing Address If Different From Above

Mailing Address:	Apt./Unit#:	
City State:	State:	Zip Code:
Home Phone:	Mobile Phone:	
Date Of Birth:	Email	

EMERGENCY CONTACT INFORMATION

1st Emergency Contact

First Name:	Last Name:	
Address:	Apt./Unit#:	
City:	State:	Zip Code:
Phone:	Mobile Phone:	
Relationship To Applicant:		

2nd Emergency Contact

First Name:	Last Name:	
Address:	Apt./Unit#:	
City:	State:	Zip Code:
Phone:	Mobile Phone:	
Relationship To Applicant:		

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Additional Information

Passport Number:	Country Issued:	Expire Date:
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Do you have Travel Insurance? *

Yes No

D *

Yes No

Please explain coverage

MEDICAL HISTORY INFORMATION

Do you smoke? If yes, how many packs per day? *

Yes No

Do you drink alcohol? If yes, how many drinks per day? *

Yes No

Do you drink cola? If yes, how much do you drink per day? *

Yes No

Do you drink coffee? If yes, how much do you drink per day? *

Yes No

List all medications you are currently taking:

List all allergies you have to medical drugs, food or other items:

Are you currently under medical care for any reasons? State if YES or NO

List all time you have been admitted to a hospital overnight (except for childbirth).

Reason Hospitalized:		
Year:	Hospital:	Doctor:
Reason Hospitalized:		
Year:	Hospital:	Doctor:
Reason Hospitalized:		
Year:	Hospital:	Doctor:

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Please check if any relative (parents, siblings, grandparents, children) have had any of the condition listed below:

High Blood Pressure

Stroke

Cancer

Emphysema

Ulcers

Kidney Disease

Bleeding Tendencies

Seizure

Heart Disease

Sugar Diabetes

Asthma

Tuberculosis

Colitis

Anemia

Gout

Mental Illness

Other Serious Illness

Other

Please check if any relative (parents, siblings, grandparents, children) have had any of the condition listed below:

- Measles
- Rubella (German Measles)
- Chickenpox
- Mumps
- Whooping Cough
- Scarlet Fever
- Tonsillitis
- Diphtheria
- Cancer
- Angina Pectoris
- Ulcers
- Bladder or Kidney Infection

- Mental Illness
- Goiter/Thyroid Disease
- Hives
- Eczema
- Mono
- Rheumatic Fever
- Poliomyelitis
- Pleurisy
- Bronchitis
- Influenza
- Tuberculosis
- Phlebitis

- Stroke
- Kidney Disease
- Typhoid
- Malaria
- Hepatitis
- Venereal Disease
- Meningitis
- Ear Infections
- High Blood Pressure
- Low Blood Pressure
- Heart Attack
- Emphysema

Please list vaccination record

Other serious illnesses: (Please Explain)

Please list the date and the results (if known) of you last:

X-Ray:	EKG:
Blood Count:	Date of last examination by a doctor:

Additional Information

List additional information here:

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I AGREE TO ALLOW PHOTOS OR VIDEOS TAKEN OF ME ON TRIP BE UTILIZED FOR PROMOTIONAL PURPOSE

YES NO

Emergency Treatment Consent

In emergencies requiring immediate medical attention, you will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature below authorizes personnel staff from Mansa Musa Tours. Staff members are not authorized to administer medication.

I give consent to Mansa Musa Tours to obtain necessary emergency medical treatment for me. I understand that I will be transported to the nearest hospital for emergency treatment only and that I am responsible for all follow up treatment and accept financial responsibility for all medical care.

If you or your child is in need of life treating medicine and you cannot administer the medicine yourself in case of emergency I consent

if you or your child is in need of the following medications and you cannot administer the medication yourself in case of emergency I consent to allowing staff of Mansa Musa Tours my permission to administer the following medication or prescription and over the counter drugs to myself or my child.

(Please provide a copy of your health care insurance, **optional**)

Doctor's Name:	Phone:
Health Provider:	Policy Number:

Release, Waiver, Discharge of liability and Covenant not to Sue

Mansa Musa Tours are done on a voluntary basis with the purposes of providing the opportunities to participate in the various activities provided on Tours by Mansa Musa Tours. Every attempt will be made to reduce risk as much as possible and to provide a safe environment with every activity. Nonetheless, there are integral risk involve with trips in third world countries which could result in bodily injury or even death. I hereby agree to release Mansa Musa Tours of any and all liability which may arise in connection with Tours planned and operated by Mansa Musa Tours. I fully understand the risk involved and that though Mansa Musa Tour will do its best to provide the basic accommodations.

I therefore agree to assume and take upon myself all of the risk and responsibilities, whether known or unknown, in any way associated with traveling with Mansa Musa Tour.

IN CONSIDERATION OF THE TOURS PROVIDED TO THE PARTICIPANT BY MANSA MUSA TOURS, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES, I HEREBY EXPRESSLY WAIVE, RELEASE, DISCHARGE, HOLD-HARMLESS AND PROMISE NOT TO SUE OR SEEK INDEMNITY FROM MANSA MUSA TOURS, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES FOR ANY AND ALL LIABILITY AND CLAIMS RESULTING FROM LOSS OR DAMAGE ON ACCOUNT OF DEATH, INJURY, ILLNESS OR HARM TO THE PARTICIPANT, IN CONNECTION WITH ANY ACTIVITY AND ALL RELATED RISKS WHETHER THEY ARE KNOWN OR UNKNOWN AND WHETHER CAUSED BY THE NEGLIGENCE OF MANSA MUSA TOURS. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT BY MANSA MUSA TOURS, ITS AGENTS, DIRECTORS, OFFICERS, STAFF AND EMPLOYEES.

I recognize that this Release means that I am giving up, among other things, rights to sue Mansa Musa Tours, It agents, directors, officers, staff, employees for injuries, damages or losses the participant may incur while participating in any activity with Mansa Musa Tours.

Signing your signature below means you have read this entire Release, and I fully understand it. I consent to the Release and agree that its terms shall likewise bind me, my child, my heirs, legal representatives and assignees.

Your Signature *

Clear

Consent/Statement Of Compliance

Print First Name

Print Last Name

Your Signature

Date

Clear

Student/Youth

Print First Name

Print Last Name

Student/Youth or Parent/Guardian Signature *

Date

2nd SIGNATURE TO BE SIGNED IN PERSON

Parent/Guardian Signature *

Date

Witness Signature *

Date