

Trip Policies Agreement & Liability Waiver Form

Journey Beyond Travel LLC

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**Each traveler over the age of 18 must complete this form individually. A parent or guardian may print the name and sign for anyone not over the age of 18.*

Travel Insurance:

Each individual traveler must have medical travel insurance that covers medical emergencies and repatriation, along with trip cancellation insurance. Journey Beyond Travel has no liability to cover anyone's medical costs in any situation. If you are trekking or doing any of our adventure trips, please be sure your policy includes such components.

Travelers should also research information regarding visas to enter Morocco.

See <http://www.journeybeyondtravel.com/travel/morocco-visa.pdf> for more information.

By signing below:

I attest that I have medical travel insurance for injury, accident, and medical expenses that will cover removal from country by land, air, or sea. Additionally, I have trip cancellation insurance and agree that I fully understand Journey Beyond Travel's trip policies regarding cancellation, itinerary changes, and amendments. Furthermore, I agree to reveal any medical conditions to Journey Beyond Travel before my trip that might hinder my ability to go on the type of trip reserved.

Amendments and Risks:

Journey Beyond travel reserves the right to change the itinerary or routes, or to shorten the trip for any reason. If emergency evacuation from a country is necessary, Journey Beyond Travel will not be responsible for these costs, but will help to arrange the procedure. Please be aware that Journey Beyond Travel hires host-country nationals and other agencies to help with its tours. These parties, to the best of Journey Beyond Travel's knowledge are competent, reliable, qualified and safe in what they do. Journey Beyond Travel will not be held liable for any injuries, loss of life, delay, or anything else that may occur. We reserve the right to change, amend, add to or take away from any portion of this agreement at any time without notice.

By signing up with Journey Beyond Travel, I agree that I have fully read and understand all of Journey Beyond Travel's policies and conditions. I also agree to the following: I agree that Journey Beyond Travel and anyone or entity associated directly or indirectly with it shall not be held liable for any reason in any situation before, during or after the tour. I accept all risks involved in traveling and assume full responsibility in my actions and behavior in any situation. I release Journey Beyond Travel from any and all liabilities in the past, present, or future.

Print Name: _____

Signature: _____ Date: _____

Passport Information Sheet

**Please notice that day comes before month below.*

Passenger 1:

Last Name _____ First Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Day Month Year
Nationality _____ Occupation _____
Home Address _____
City _____ Country _____
Passport # _____ Issued At _____ On ____ / ____ / ____
Day Month Year

Passenger 2:

Last Name _____ First Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Day Month Year
Nationality _____ Occupation _____
Home Address _____
City _____ Country _____
Passport # _____ Issued At _____ On ____ / ____ / ____
Day Month Year

Passenger 3:

Last Name _____ First Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Day Month Year
Nationality _____ Occupation _____
Home Address _____
City _____ Country _____
Passport # _____ Issued At _____ On ____ / ____ / ____
Day Month Year

Passenger 4:

Last Name _____ First Name _____
Date of Birth ____ / ____ / ____ Place of Birth _____
Day Month Year
Nationality _____ Occupation _____
Home Address _____
City _____ Country _____
Passport # _____ Issued At _____ On ____ / ____ / ____
Day Month Year