

Medical Waiver for Travel

TRAVELER FULL NAME:

ADDRESS:

TELEPHONE HOME:

TELEPHONE CELL:

EMAIL:

CURRENCY:

EMERGENCY CONTACT #1

NAME:

ADDRESS:

TELEPHONE HOME:

TELEPHONE CALL:

EMAIL:

EMERGENCY CONTACT #2

NAME:

ADDRESS:

TELEPHONE HOME:

TELEPHONE CALL:

EMAIL:

I am delighted that you have chosen to participate in the upcoming travel adventure:

_____, on _____.

Your safety and well-being are of utmost importance to us, and we want to ensure that you have a healthy and enjoyable experience. To facilitate this, we require you to carefully review and acknowledge the following medical waiver before embarking on the journey.

1. Acknowledgment of Health Responsibility:

I, [Traveler's Name], _____
acknowledge that it is my sole responsibility to assess my health condition and consult with a qualified medical professional to determine if I am fit to participate in the travel activities planned. I understand that certain medical conditions or pre-existing health issues may pose risks during the trip.

2. Assumption of Risks: I am aware that travel involves inherent risks, including but not limited to exposure to varying climates, physical activities, and potential exposure to infectious diseases. I voluntarily assume these risks and any associated consequences to my health.

3. Medical Consultation: I affirm that I have consulted with my healthcare provider regarding my fitness for travel, and I have received their approval to participate in the planned activities. I will promptly inform the organizers of any changes to my health status before and during the trip.

4. Medications and Allergies: I understand the importance of providing accurate information about any medications I am currently taking and any known allergies. I will carry an ample supply of necessary medications and inform the trip leaders of any specific medical requirements.

5. Emergency Medical Treatment: In the event of a medical emergency, I authorize the trip leaders and designated medical personnel to administer necessary medical

Medical Waiver for Travel

treatment and secure transportation to a medical facility. I acknowledge that the costs associated with such emergency care are my responsibility.

6. Travel Insurance: I understand the importance of obtaining comprehensive travel insurance that covers medical emergencies, trip cancellations, and other unforeseen circumstances. I acknowledge that obtaining this insurance is my responsibility and that the absence of travel insurance may limit the assistance available in the event of an emergency.

7. Dietary Restrictions: If applicable, I will inform the trip organizers of any dietary restrictions or requirements due to medical conditions or personal preferences. I understand that accommodations will be made to the best extent possible, but it is my responsibility to manage my dietary needs.

8. Compliance with Local Health Regulations: I agree to comply with any health and safety regulations imposed by local and international authorities, including but not limited to vaccinations and quarantine requirements. Failure to comply may result in restrictions on participation in certain activities.

By signing below, I acknowledge that I have read and understood the terms of this medical waiver. I voluntarily accept the risks associated with travel and affirm my commitment to prioritizing my health during the journey.

Signature: _____

Date: _____

Please return this signed medical waiver to the organizers before the commencement of the trip. If you have any questions or concerns, feel free to contact your travel leader.

Safe travels!