

**Traveler Registration and Release Form  
(Each traveler must complete a form)**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name of Corazon Trip: \_\_\_\_\_

Date of Departure: \_\_\_/\_\_\_/\_\_\_

Payment Enclosed: \$ \_\_\_\_\_ Deposit: \_\_\_\_\_ Paid in Full \_\_\_\_\_

Name: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Please provide the name of anyone you will be travelling with \_\_\_\_\_

*All rooms are shared depending upon availability at the lodging facility. We do attempt to keep it to two people per room, although for some destinations there may be times when multiple people will share a habitation. Private rooms can be provided at an additional cost when available. Contact Debbie for details and pricing.*

Date of Birth: \_\_\_/\_\_\_/\_\_\_

U.S. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alt. Phone # \_\_\_\_\_

E: Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Any Medical or Health Issues:**

\_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Considerations: \_\_\_\_\_

Date(s) of Covid-19 Vaccination: \_\_\_\_\_ (most destinations and vendors will require a Covid-19 vaccine.)

**It is also required that you complete the detailed Corazon Journey Health Form.**

## **Terms and Policies**

It is our hope to create trips that are unique, meaningful and socially responsible. Because our trips are small and their success is dependent so much on the contributions of the travelers, who have crafted the following terms and policies to assure our sustainability and to allow for proper planning.

### **Refunds**

- All deposits are nonrefundable. Purchasing trip insurance may protect you from deposit loss if circumstances prevent your ability to participate. Deposits may be deferred to another upcoming Corazón Journey at our discretion.
- Trip costs beyond the deposit can be refunded no later than 90 days before departure (unless otherwise defined.)
- We must provide payment in advance to our vendors therefore there are NO EXCEPTIONS to this policy.
- Each traveler is required to purchase trip insurance to address any delays or cancellation related to weather, natural disasters or political situations that disrupt travel. In case of such events, Corazón Journeys will attempt to reschedule and divert program costs to a later date. But because we cannot dictate the policies of our vendors, we cannot guarantee fund recoveries or rescheduling.

### **Participation Policies**

- Participants must be 18 years of age, or be accompanied by an adult, such as a parent or care provider who can assume legal responsibility for the child.
- Each participant must complete a health information form and is responsible for determining if the trip is appropriate for their physical abilities.
- We have the right to refuse service to anyone if for any reason we believe the trip is not an appropriate fit for their needs.
- Our clients have a right to terminate our services for any reason, but our refund policy will dictate what funds can be returned.
- Each participant is responsible for safe-guarding their travel documents, such as passports and insurance, and assuring that documents are current.
- In order to make arrangements and assure the safety of our clients, we keep relevant personal information, including medical conditions and needs. This is kept confidential and is not shared outside the office of Corazón Journeys.

### **Declaration of Participation**

I assert that my participation in this trip is voluntary and at my own risk. I understand some activities may involve risk of bodily injury and with this knowledge hereby release, waive, indemnify and save Debbie DuPey and Corazon Journeys from any liability for all claims, demands, loss, theft and physical or otherwise injuries, illnesses or harm suffered by my person or property arising out of or connected with my participation and/or use of any services, equipment or facilities provided during this Corazon Journey.

**I agree to determine the appropriate travel insurance to meet my needs and purchase chosen travel insurance prior to my departure.**

**I agree to follow all COVID-19 protocols in place at the time of travel.**

I have carefully read and understand the foregoing provisions. By signing below, I hereby certify and acknowledge I understand and agree to be legally bound by the terms and conditions set forth in the specific provisions under which I have signed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Parent's Signature if participant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail Completed and Signed Form with payment to:

**Corazon Journeys**

**PO Box 10780**

**Spokane, WA 99209**

For more questions call: 509-714-8928

Or E:mail: [debbieraecorazon@gmail.com](mailto:debbieraecorazon@gmail.com)

Thank you!