

CLIENT LIABILITY RELEASE FORM

TO BE TAKEN TO MYANMAR AND GIVEN TO YOUR TRIP LEADER

Trip Name		Trip Date	
Client Name		Email address	
Client Address		Nationality	
Date of Birth		Sex	
Passport Number		Expiry Date	
Contact Person		Phone Number	
Relationship		Email Address	

INSURANCE

Expedition members must be protected by their own insurance that covers accidents, health, emergency evacuation and loss or damage to personal effects.

Insurance Provider		Contact Person	
Policy Number		Phone Number	
Email Address		Card Number	
After Hour contact No		Expiry Date	

Liability Release:

All participants must read and sign this liability release and covenant not to sue Journeys Ltd/Putao Trekking House and its third party service providers in any incident that may cause personal injury or property damage before being allowed to participate in any expedition.

I have read and fully understand the information contained in the trip itinerary and other written material issued by Journeys Ltd for the expedition I have applied to join. I am competent and willing to cope with the situations, circumstances and conditions made clear in the printed material. I recognize and agree that the realities made clear in the written information reflect the intrinsic characteristics of adventure travel and not least the matters of flexibility, adaptability, reasonableness, practical personal contribution to lifestyle en route and the fact that not all situations, circumstances and conditions subsequently encountered are identical to those pre-existing and prevailing at the time of booking.

I recognize that the areas where I will be travelling are extremely remote and undeveloped. Many of the areas are completely inaccessible except by foot or by company raft. As a result of this, immediate contact with proper evacuation and emergency services may not be available for several days in a worse case scenario.

I also recognize that I am undertaking a journey that may contain a significant element of personal risk, and that risk does sometime become a reality. I acknowledge the relative remoteness, the rough travelling and weather conditions, and the limited and relatively primitive medical and other services available, as well as the greater potential dangers compared with my usual daily life, or conventional holiday travel. I acknowledge Journeys Ltd's responsibility to me and I accept the authority and decisions of Journeys Ltd and its representatives in respect of the journey that I have applied to join.

Signature

Date