

# HAITI OUTREACH TRAVEL APPLICATION

50 Ninth Ave. South, Suite 203, Hopkins, MN 55343 – Ph: 612-929-1122  
Fax: 612-216-3777 – www.HaitiOutreach.org - Email: info@HaitiOutreach.org

Dates of trip for which you are applying \_\_\_\_\_

Name (Official name that appears on passport) \_\_\_\_\_  
First Middle Last

Name you would like to be called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Email Address \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Gender: M / F Weight \_\_\_\_\_ (needed to estimate weight for a smaller plane we may take)

Traveling with Friend or Relative? If so, who? \_\_\_\_\_. T-Shirt Size S M L XL XXL

Note: Haiti Outreach will arrange all flights between your home airport and Haiti unless you inform us otherwise, in which case we must work that out with you. **Global Entry Number** \_\_\_\_\_

**American Airlines Frequent Flyer Number:** \_\_\_\_\_ **Preferred Seating** \_\_\_\_\_

**Delta Airlines Frequent Flier Number:** \_\_\_\_\_

## Passport Information:

- I do not have a passport yet. (Please call Haiti Outreach or email passport information as soon as you get it).

Passport Number \_\_\_\_\_ Expiration \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

- Enclosed is my deposit of \$800, made payable to **Haiti Outreach**. (Note: Deposit is refundable only in the unusual case that the trip needs to be canceled by Haiti Outreach. Cancellations by participants must be received in writing. Cancellations prior to departure are assessed the airline costs that have been incurred to date plus the fees for accommodations that cannot be changed.)

- I have been to Haiti before.  I speak French.  
 I have been to a Developing Country country before.  I speak Haitian Creole.

## Medical Information

Travel in Haiti can be physically and emotionally demanding. Please thoughtfully assess your health in light of the potential rigors of the trip. Examples: long days and physical work, travel on very poor roads in the back of a pick up truck, some travel on foot, limited availability of some medical equipment.

We ask that you assess your physical and mental condition carefully and encourage you to consult with your doctor. We require that you provide us with the following information so that our staff can make any possible accommodations to meet your health needs.

1. Name \_\_\_\_\_ Age \_\_\_\_\_

2. Do you have a history of any of the following medical conditions?

- |   |  |
|---|--|
| <input type="checkbox"/> epilepsy   | <input type="checkbox"/> emphysema           |
| <input type="checkbox"/> allergies (including allergies to any medicines) | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> heart condition                                  | <input type="checkbox"/> eating disorders    |
| <input type="checkbox"/> back problems or other injuries                  | <input type="checkbox"/> diabetes            |
| <input type="checkbox"/> other substance abuse or chemical dependencies   | <input type="checkbox"/> asthma              |
| <input type="checkbox"/> other medical conditions – please list:          |  |

\_\_\_\_\_

How might any of the conditions you listed affect your travels?

3. Are you currently or have you been under a doctor's care during the past six months? Yes / No  
If yes, what condition(s) are being treated?

How might these conditions affect your travels?

4. Do you carry any medication? If so, please specify names, conditions which they treat, and possible side effects.

5. Are you currently on any special diet (even if voluntary, such as vegetarian)?

6. I understand that I assume all medical costs incurred while participating on this trip to Haiti: Yes / No

7. Any other comments about your health?

8. In case of illness or emergency, please notify:

Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

## **Agreement and Release of Liability**

1. I, \_\_\_\_\_ (your name) have applied for and intend to participate in a trip to Haiti sponsored by Haiti Outreach.

2. I desire to travel to Haiti under the auspices of Haiti Outreach for the purpose of working with the organization and local citizens to improve the way of life for the people of Haiti. I understand and agree that Haiti Outreach is not acting as my agent in any regard, except as explained below; that Haiti Outreach will make every effort to assist me in providing this service, but is not liable for any delays in travel or safety while in country. I am responsible for securing my own identification and health documentation. I will work to the best of my ability on the project(s) designated by Haiti Outreach

3. I understand and am aware that my participation on this trip may expose me to certain risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas; the dangers of civil disturbances and war; the forces of nature; acts or omissions of Haiti Outreach and/or their respective agents, employees, officers, or directors, and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance.

4. I am aware that my participation on this trip and my use of transportation, housing and dining services, and other goods and services in connection with my participation on this trip carries a risk of personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of the injury, illness, death and property damage or loss that may result from my participation on the trip and/or my use of goods and services in connection with my participation on the trip.

5. In consideration for being permitted to participate on the trip, I hereby RELEASE AND DISCHARGE Haiti Outreach and its respective agents, employees, officers, directors, and associates (“the Released Parties”) from any and all liability for injury, illness, death, property damage or loss arising out of any other activity incident to my participation on this trip.

6. I agree not to sue or make claim against the Released Parties for injury, illness, death, damage or loss sustained as a result of participation on this trip or the use of the goods and services in connection with my participation on this trip. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorney’s fees, incurred in connection with any action relating to my participation on this trip.

7. I understand that Haiti Outreach may notify the person or persons listed as an emergency contact on my application form in the event that I become seriously ill or am involved in an emergency situation during the trip. In the event that I am unable to make my own medical decisions, a representative of Haiti Outreach may have to make those decisions on my behalf.

8. Should any of the provisions of this Agreement and Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Agreement and Release shall nonetheless remain in full force and effect. This Agreement and Release shall be construed under the laws of the State of Minnesota.

I HAVE CAREFULLY READ THIS LIABILITY AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

---

Traveler's Signature Date

---

Traveler's Printed Name Date Of Birth

**IMPORTANT:** IF TRAVELER IS A MINOR (under 18 years of age): PARENT OR LEGAL GUARDIAN **MUST SIGN.**

I am the Traveler's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on behalf of the traveler and his/her heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

---

Parent or Legal Guardian's Signature Date

---

Parent or Legal Guardian's Printed Name

All of the above information is correct to the best of my knowledge and I agree to the conditions and policies above for traveling with Haiti Outreach.

---

Signature of Traveler Date

---

Printed Name of Traveler

Please send this Travel Application to: ***Haiti Outreach, 50 Ninth Avenue South, Suite 203, Hopkins, MN 55343.*** For more information, contact Haiti Outreach at: 612 - 929 - 1122.