

HEALTH DISCLOSURE FORM

Travel to new and different places can be strenuous. We try to indicate very clearly what the trip will require of each participant physically so that you are prepared for each of the experiences you will have while abroad. We ask that you please consider the state of your health, update your immunizations, and bring with you any medications or treatments you will need as medical supplies that you are used to may be difficult to find during the trip. We also encourage all travelers to visit their personal physician or a travel health clinic before departure.

Please answer the following questions to help us make informed decisions in the event that you need medical treatment during your Food Sovereignty Tour.

1. Do you have health insurance? Yes No

If yes, who is your health provider? _____

What is your policy number? _____

2. Please indicate any aspect of your health that may affect you during this trip (i.e. back pain, diabetes, allergies, epilepsy, etc.). Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication.

3. Please specify any special dietary needs or restrictions.

I certify that I have answered the above questions to the best of my knowledge and have not withheld any relevant information.

Signature _____ Date _____

Please return this completed form by mail, fax or e-mail to:

Food Sovereignty Tours/Food First, 398 60th Street, Oakland, CA 94608

Fax: (510) 654-4551 • e-mail: info@foodsovereigntytours.org

LIABILITY AGREEMENT

1. I, _____, am a participant in Food First's Food Sovereignty Tour
(full name)
to _____, from _____ to _____, _____.
(destination) (start date) (end date) (year)
2. I have voluntarily enrolled in Food First's Food Sovereignty Tour Program. I understand that travel to any new place, especially in a developing region, may involve changes in plans, unexpected delays, and limited access to some services. I understand that I am subject to the laws of the country or countries we are visiting, including those of migration, and that Food First cannot be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, housing, food, and other goods and services or activities in connection with participation in the program carries a risk of personal injury and property damage or loss.
3. I release and discharge Food First, its officers, directors, employees, and legal representatives from liability or injury, damage or loss arising out of the arrangement or provision of transportation, housing, food, and any other services or goods involved in the Food Sovereignty Tour. I agree not to sue or make a claim against Food First or any co-sponsoring organization and its officers, employees, directors and legal representatives for any liability, damage or loss incurred during or in connection with the tour. I do not release the above-mentioned parties from liability for willful or intentional acts.
4. I understand that payment for the trip is NON-REFUNDABLE as of 45 days prior to the scheduled departure unless Food First itself cancels the trip. I also understand that after any airline tickets provided by Food First have been issued, they are non-refundable. I agree to Food First's right to cancel the trip or to cancel my participation in the trip, under the conditions outlined the Terms and Conditions.
5. I understand that Food First recommends travel insurance and has provided me with travel insurance information to make an informed decision.

6. I understand that by participating on a socially responsible Food Sovereignty Tour I agree to act in a respectful manner. I understand that if I break this agreement I will receive two warnings from the tour leader, and if the same behavior continues I will be asked to leave the group at my own expense.
7. I understand that if I choose to depart from the tour for personal reasons, I agree to do so at my own expense. I understand that all payments already made to Food First are nonrefundable and I am personally liable for any additional costs that I incur as a result of my departure, including but not limited to costs for transportation and accommodations. Exceptions for departures due to medical or family emergencies will be considered on a case-by-case basis.
8. In the event of a dispute, it is agreed that either party will not initiate litigation. Any disagreement will be settled by mediation in Alameda County, in the State of California. If resolution cannot be reached through mediation, parties agree to arbitration in Alameda County, in the State of California.
9. I acknowledge that I have received, read and understood the details of my participation and payment and trip cancellation outlined in the Food Sovereignty Tours Terms and Conditions.

By signing below, I certify that I have read, understand and agree to the above provisions.

Signature _____ Date _____

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Feel free to contact us with questions about this form.