



# COLIBRI TRAVEL REGISTRATION FORM

## Participant information

Name: \_\_\_\_\_  
First Name (as it appears on passport) Last Name Trip Dates Destination

Occupation(optional) \_\_\_\_\_  
Title Employee

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Home mailing address: \_\_\_\_\_  
Street City State Zip Country

Citizenship/ Country Issuing Passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Passport Exp. Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female  
mm/dd/yyyy mm/dd/yyyy

Your first language: \_\_\_\_\_ Other languages you speak: \_\_\_\_\_

Do you have any specific interests in regard to country (es) listed on this trip? \_\_\_\_\_

## Rooming information

- ☐ I prefer a **double** room
- ☐ I will be rooming with \_\_\_\_\_ Provide: ☐ Two twin beds or ☐ One double bed
- ☐ Please try to match me with a roommate ( 2 beds ) **I agree that if no roommate is available, I will pay for a single room**
- ☐ I prefer a **single** room room

## Airport transfer

Do you need airport transfer service? ☐ Yes ☐ No, I will arrange on my own

## Insurance

Emergency health and evacuation/cancellation insurance is NOT included in the program fee.

## Payment Options

- ☐ Full payment at time of application
- ☐ Payment schedule: Deposit \$500 with this form and a second payment within 90 days before the trip

### I will be paying by:

- ☐ Check **Make checks or money orders payable to Colibri Group, LLC, 341 Pearl St., Cambridge, MA 02139**
- ☐ Credit or debit card. We will send you secure payment options via Stripe.  
**Credit/Debit Card: \* In case of credit card payment, we charge an additional 3 % transaction fee.**
- ☐ Zelle - best payment option - no additional fees - Company name: Colibri Group LLC phone: 617 301 1237
- ☐ Bank transfer - we will send you bank transfer details on the invoice

*This information will be treated confidentially, and individual items will be shared on a need-to know basis essential for meeting individual participant needs. In the event of an emergency, this information will be provided to appropriate medical providers.*

# HEALTH FORM

## Participant information

Name: \_\_\_\_\_  
First Name (as it appears on passport) Last Name

Emergency Contact: \_\_\_\_\_  
Name Phone Number(s) Email

## Accessibility information

Travelers are informed that public accommodations, historic sites, and walking tours outside the US are typically not optimally accessible to those who have mobility impairments. Based on planned destinations, participants may be expected to climb up to 3 flights, stairs and walk up to 3 miles each day. Should a participant require personal support staff to fully participate in the program, Colibri requires travelers to provide such supports (including support staff salary, travel, and program costs) at their own expense. **Failure to disclose on this form any condition or need that would require reasonable accommodation may result in the inability of Colibri and its representatives and agents to provide accommodations, and further, are informed that should they fail to disclose such information, they may be returned home at their sole expense and without a refund.**

Check all that apply:

- ☐ Use a wheelchair, scooter, walker, crutches, cane or other mobility aid.
- ☐ Have sensory or other mobility issue relevant to airline travel, sleeping room, walking tours, or motor coach use.
- ☐ Require large print materials (this request will be provided to seminar planners).
- ☐ Will be traveling with personal support staff, interpreter, or service animal.
- ☐ Other accommodations needed (describe below).

Please provide explanation of accessibility needs: \_\_\_\_\_

## Dietary requests

We will attempt to accommodate dietary needs but cannot guarantee certain meal requests. Please understand that we cannot control the contents of all food products during travel. Participants with dietary allergies are ultimately responsible for inspecting all food for ingredients related to the allergy.

Please describe any dietary requests: \_\_\_\_\_

## Allergies please list

Allergy	Reaction	Required Medication	Life Threatening?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

For allergic emergencies, I will be carrying auto-injectable epinephrine (EpiPen) ☐ Yes ☐ No

## Medications Please describe any medications/treatments you will be using while on the delegation

Medication	Reason	Medication	Reason

## Other health conditions

Please list any other issues or conditions, such as but not limited to, acute medical issues, seizure disorders, diabetes, anxiety or other physical or mental conditions.

\_\_\_\_\_

\_\_\_\_\_

All participants are responsible for their recurring medical treatments without supervision. All medications, injections, and other treatments must be monitored and administered by the participants themselves. Those with dietary allergies are ultimately responsible for inspecting all food for ingredients related to the allergy.



## Physician contact information

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Health and Evacuation Insurance Information

I \_\_\_\_\_ understand that Colibri Travel Tours does not cover health insurance. Colibri Travel Tours strongly recommends purchasing health and evacuation insurance. When we do not recommend any particular companies we advise to do a diligent research at [www.insuremytrip.com](http://www.insuremytrip.com) for best and most comprehensive plans. I understand that if I decide not to purchase travel health and evacuation insurance it is my own decision and risk and I release Colibri Travel Tours from any responsibility in case of emergency.

If you decide to purchase the optional health insurance plan for the international trip please consider sharing Your policy with Colibri by emailing [info@colibritraveltours.com](mailto:info@colibritraveltours.com)

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

Print Name: \_\_\_\_\_

## Medical Treatment, Information Sharing and Disclosure Waiver

In the unlikely event that you need professional medical treatment during the program, signing the release below allows for your prompt care, and the information on this form to be shared with health care providers and your medical information to be shared with Colibri Group.

I \_\_\_\_\_, do hereby give authorization to Colibri Group and its representatives and agents to seek and provide medical service to me when deemed appropriate by its staff. I authorize and give full consent to Colibri staff to enable prompt care and attention in case of illness or accident while participating in this program. I authorize Colibri to incur necessary expenses and agree to pay the same if in excess of the amount provided by any applicable insurance policy. I also give authorization to any medical facility and medical staff to share my personal medical information related to a current medical situation with any Colibri staff, representatives, and agents.

I further acknowledge and agree that all of the preceding requested information is necessary to ensure safe participation in the program and its activities.

**I understand that failure to disclose on this form any condition or need that would require reasonable accommodation may result in the inability of Colibri and its representatives and agents to provide accommodations, and further, should I fail to disclose such information, I may be returned home at my sole expense and without a refund.**

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

Print Name: \_\_\_\_\_

## Trip Cancellation Terms and Trip Cancellation Disclaimer

**Cancellation Policy:** The Client may cancel their travel arrangements at any time by providing written notice to the Travel Agency Colibri Travel Tours. The following cancellation fees will apply:

If the cancellation occurs more than **90 days** prior to the departure date, the Client will be refunded the full amount paid, minus a cancellation fee of **95 USD**. If the cancellation occurs within **90-60 days** of the departure date, the Client will be refunded 50% of the amount paid. If the cancellation occurs within **60 days** of the departure date Colibri Travel Tours will not be able to issue any refund or vouchers towards future trips. All payments made within 60 days before the departure date are final and non-refundable.

In order to protect your investment we recommend travelers to consider purchasing trip cancellation insurance. We do not recommend any particular insurance company but travelers can find many options at [www.insuremytrip.com](http://www.insuremytrip.com)

By signing below I confirm that I read, understand and agree to Colibri cancellation policy specified above:

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

Print Name: \_\_\_\_\_

This form is completed only with the copy of your passport (bio page). Passport must be valid at least 6 months from the trip return date.

All participants are responsible for their recurring medical treatments without supervision. All medications, injections, and other treatments must be monitored and administered by the participants themselves. Those with dietary allergies are ultimately responsible for inspecting all food for ingredients related to the allergy.

# INTERNATIONAL TRAVEL WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

This form must be completed by all non-employee participants of the trip (adult travelers, students, chaperones, personal assistants etc.) and submitted back to Colibri Travel Tours (Colibri Group, LLC) prior to participation.

I, \_\_\_\_\_ (“Participant”), acknowledge that I have voluntarily elected to participate in an international trip (“Trip”) organized by Colibri Group LLC, Colibri Travel Tours, (Company) to be conducted at:  
to: \_\_\_\_\_ (country) \_\_\_\_\_

Foreign travel contains risks which are different from, greater than and less predictable than those risks associated with domestic travel. Those risks can include, but are not limited to, unfamiliar or difficult terrain, extreme climate, unfamiliar and/or poorly processed food and drink, substandard or remote and not immediately available medical care, uncommon disease and illnesses, poor safety and sanitary practices, lack of adequate public infrastructure, lack of proper transportation, political unrest, terrorism, and unconventional customs, practices and sexual mores.

In consideration for being permitted to participate in the Trip, I hereby acknowledge and agree to the following: I have been informed of and I understand the various aspects of the Trip I have selected including, but not limited to, travel, itinerary, logistics, cancellation, and related Trip activities.

I also understand that as a Participant in the Trip, I may sustain serious personal injuries, illness, property loss or damage, or even death as a consequence of the actions, inactions or negligence of myself or others, travel, weather conditions, and other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any such injuries and consequences that I may sustain by any means are my sole responsibility.

I understand there are potential risks inherent to my participation in the Trip and these potential risks include, but are not limited to: travel to and from the Trip; local travel within the Trip site; consumption of food; weather conditions; language barriers; contagious diseases; terrorism; negligent first aid operations or procedures; and other risks that are unknown at this time. Although the company has made every reasonable effort to assure my safety while participating in the Trip, there are unavoidable risks.

I understand that Colibri Group, LLC (Colibri Travel Tours) is not in any way responsible for my well being with respect to any travel destinations and /or participation in activities beyond those specifically required for the Trip that I may choose to undertake before, during, or after the Trip. I knowingly and voluntarily assume all such risks, both known and unknown, even if arising from the negligence of the Released Parties (described herein) and I voluntarily assume full responsibility for my participation in the Trip.

I understand and agree that, although the Trip will attempt to maintain the Trip program as described in its publications, it reserves the right to change the Program including, but not limited to, the curriculum, instructors, itinerary, travel arrangements, or accommodations at any time and for any reason, with or without notice, and that the company, or its employees and agents, shall not be responsible or liable for any expenses or losses that I may sustain because of these changes.

I have no known physical or health-related reasons or problems that may preclude or restrict my participation in the Trip and related activities, or I have disclosed to the Company (Colibri Group, LLC) any physical, mental, and/or emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for mobility, visual or auditory aids that might impair my ability to participate in Trip.

I hereby release each of the Released parties from any and all claims, damages, injuries, or loss arising out of my failure to disclose such conditions or problems. I further agree that receiving any inoculations (if necessary) is my responsibility and I will not hold the company liable for any adverse reactions as a result of taking the inoculations or illness abroad or at home due to not taking the inoculations. I will make all preparations necessary to safeguard my health and comply with all recommended precautions pertaining to my health and safety. I have further arranged, through insurance or otherwise, to meet any and all needs for payment of health care coverage or medical costs that I may incur while I participate in the Trip.

The company may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances, and I hereby authorize the Company to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the Company from any liability for any such actions.

I understand and agree that I must comply with all applicable Trip rules, regulations and policies governing participants on this trip. I understand and agree that the Company reserves the right to dismiss me from the Trip at any time should my actions or general behavior, in the sole discretion of the Company, be determined to break the rules of the host country, constitute a danger to myself, others, or is a detriment to the progress and objectives of the Trip in any way.

In consideration of the opportunity afforded to me and with full knowledge and acceptance of the risks associated with international travel, I hereby release, indemnify, hold harmless and covenant not to sue Colibri Travel Tours, its trustees, officers, employees, volunteers, agents, representatives, and any other person involved with the Trip ("Released Parties"), either directly or indirectly, from all claims, suits, expenses, attorney fees and demands of any nature (including negligence) caused by, deriving from, or associated with my participation in this Trip and related activities, including the travel to and from the Trip or to any events associated with this Trip. I make these covenants, release and waivers knowingly and voluntarily.

It is further understood and agreed that this International Travel Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be binding on my heirs and assigns and I sign it of my own free will.

Dates: \_\_\_\_\_

Participant's (Traveler) Full Name: \_\_\_\_\_

Participant's (Traveler) Signature: \_\_\_\_\_

If Participant is under 18 years old, his/her parent or guardian must sign below

Guardian Full Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

## ADDITIONAL WAIVER AND AGREEMENT FORM

1. I am at least 18 years of age.
2. I understand that my safety is my responsibility.
3. I acknowledge that there is an inherent risk of exposure to COVID-19 in any public place where people are present. By attending the trip, I voluntarily assume all risks related to exposure to COVID-19.
4. I understand and agree that the loss, theft, or destruction of my belongings is my sole responsibility.
5. I fully understand and accept, without limitation, sole responsibility for all of the risks associated with my participation while on the trip including injury and death whether through my own actions or those of other participants, tour guides, pedestrians, restaurant patrons, automobiles, public transportation, acts of nature or any other external parties.
6. I understand and agree that the safety and wellbeing of minors under the age of 18 accompanying myself or my party are my sole responsibility.
7. I agree not to consume alcohol during the tour if I am under 21 years of age or do not have valid government issued identification in my possession during the tour.



8. I agree to disclose any and all food allergies of myself and/or my family to Colibri Travel Tours via email prior to tour commencement. I will not consume food to which I am allergic.
9. I understand that I will be consuming food and beverages on this tour and I accept sole responsibility for all risks associated with my participation including food sickness, allergic reaction, and death. I am free to choose which foods, if any, I consume.
10. I represent that I am in good health, in proper physical condition, and capable of walking longer distances outdoors up to 3 miles per day and climbing up to 3 sets of stairs. I am encouraged to wear proper clothing, use sunscreen, and stay hydrated throughout the trip. I am sufficiently self-aware to stop physical activity before I become ill or injured.
11. If while on the tour I begin to feel faint or nauseous, I will notify the tour guide and seek medical attention if necessary. I understand that my safety is my sole responsibility. I understand while on the trip I may become injured or harmed. I assume sole responsibility for this risk and release Colibri Travel Tours from all liability or damages resulting from my participation.
12. I understand and agree that the tour leader reserves the right to disqualify anyone at any time during the tour if he or she feels the tour participant is incapable and/or if a tour member's continued participation will jeopardize the individual involved or the group. Refunds are not given under such circumstances.
13. I am aware that streets along the trip routes are open to vehicular traffic and I will obey all traffic laws/regulations.
14. I waive liability and release Colibri Travel Tours, its affiliates, owners, vendors, operators, agents and employees from any and all actions, suits, claims, controversies, damages, judgments and executions whatsoever, in law or in equity, direct or indirect, known or unknown, foreseeable or unforeseeable, which I may have or acquire, arising from, concerning or related to entry in, travel to or from and/or participation in Colibri Travel Tour events.
15. I agree that Colibri Travel Tours is not liable for delay or cancellation resulting from acts fire, natural disaster, strikes, or civil disturbance.
16. I agree to Colibri Travel Tours an irrevocable, sub-licensable, non-exclusive, perpetual, royalty-free right to use my photographic, video and digital likeness as well as any content submitted via website(s) or electronic mail, solely for our promotional and/or commercial purposes without further obligation or compensation.
17. I confirm that I have a valid passport for at least 6 months from the last date of the trip.

This Participant Waiver & Release of Liability and subsequent Terms & Conditions shall be construed in accordance with, and its validity and effect (including any claims for breach of any of the terms thereof) shall be governed by the laws of the State of Massachusetts, and this Participant Waiver and Release of Liability and subsequent Terms and Conditions contains the entire understanding and the agreement of the parties hereto and supersedes all other written and oral exchanges, arrangements or negotiations among them, whether written or oral, concerning the subject matter hereof.

I do hereby release and agree to hold harmless Colibri Travel Tours, its affiliates, owners, vendors, operators, agents and employees from any and all liability associated with the above representations and agreements. In addition, participation in this tour is at my sole risk, and I agree to release, discharge, defend and indemnify against, any and all liability, whether caused by willful or negligent conduct, Colibri Travel Tours, its affiliates, owners, operators, agents, and employees from any claims, actions and liabilities for injury (including death), illness and property losses, theft or damages to myself and those participating in the tour with me. This release shall extend to and include any person/entity acting through or on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

If the participant is younger than 18 years old please request minor form from Colibri Travel Tours.

