

INSURANCE VERIFICATION FORM

Return to: *PromoTunisia*

1331 Custis Court, Atlanta, GA 30038 or Fax it at (309) 403-4299

Each Participant must submit a separate signed application and return it as soon as possible before final travel documents can be sent.

(1) Name of the Health Insurance Company, HMO, PPO, etc. providing the required medical and evacuation coverage on your trip: _____

(2) Policy number: _____

(3) 24 Hour Company Emergency Claim Reporting Number: (____)_____ (Note: Do not enter an 800 number, as they are inoperable from overseas locations).

(4) Policy Overseas Medical Expense Limit: \$ _____

(5) Overseas Medical Evacuation Limit: \$ _____

(6) Health Insurance broker, agent, or employer who arranged your health insurance coverages:

Company Name: _____

Contact Person _____

Address: _____ City _____ State _____ Zip _____

Contact Phone Number: _____

Contact Fax Number _____

Assumption of Risk

I accept that PromoTunisia has and will advise me, to the best of its ability, with pertinent information regarding passports, visas and international health requirements, but it is my responsibility to ensure that passports, visas, travel permits, health certificates, insurance of all types, inoculations, or other documentation required are obtained, current, and in order. PromoTunisia has advised me that Medical Expense and Emergency Medical Evacuation insurance is mandatory for my trip and has further encouraged me to obtain insurance for the following additional coverages which I understand are commercially available: (1) Accidental Death, (2) Trip Cancellation/interruption and, (3) Baggage & personal effects.

I am aware that travel, whether in civilized or remote areas, by plane, minibus, 4x4, auto, ferry, camel ride or other conveyance or on foot, contains inherent risks of illness, injury, death or loss and damage of property, which may be caused by negligence of others, forces of nature, and other causes known or unknown. I recognize that such risks may be present at any time before, during and after the trip in which I am participating under the arrangements of PromoTunisia and its agents or associates. I am also aware that medical services or facilities may not be readily available during the time I am participating in this trip.

INITIAL HERE _____



Release of Liability

In consideration of and as part of the payment for the right to participate in this trip, and the activities, transportation, services, and food arranged for me by PromoTunisia and its agents or operators, I ("Releasor"), certify that I have read all of the above and fully understand its contents. I agree, and on behalf of any minors accompanying me I agree, to hold PromoTunisia, its officers, owners, employees, and suppliers ("Releasees"), harmless of any accidents, claims, losses, damages or liabilities, including death, disability, injury, or loss or damage to Releasor or Releasor's property, which might occur, including without limitation those caused by the sole or concurrent negligence of PromoTunisia I expressly assume any and all risks with respect to the activities and circumstances described herein, and pledge not to sue Releasees on account of any losses, claims, costs, liabilities or damages, and further, **I agree not to claim the unenforceability of this agreement.** I agree that the forgoing obligation shall be binding upon me personally, as well as upon my heirs, executors and administrators, and members of my family, and shall also be binding upon any minors accompanying me.

INITIAL HERE _____

PRINT NAME: _____ SIGNATURE: _____

DATE: _____

TRIP NAME: _____ DEPARTURE DATE: _____

NAME OF ANY ACCOMPANYING MINOR(S): _____