THE GILLIES AND GILLIES TRAVEL

WAIVER AND RELEASE OF LIABILITY FORM

The Gillies and *Gillies Travel* act only as your agent in arranging various services, accommodations and conveyances and assume no responsibility or liability in connection with any services, accommodations or conveyances.

The Gillies and *Gillies Travel* are not responsible for loss or injury in connection with any such services, accommodations and conveyances, including without limitation travel, sight-seeing, excursions, restaurants, food or liquids, hotel or motel accommodations or other services or loss of any personal items or baggage or any delay or irregularity or any personal injury, death or property damage.

The Gillies and *Gillies Travel* reserve the right to accept, decline or retain any person as a member of this tour. *The Gillies* and *Gillies Travel* reserve the right to make alterations to a tour should it become necessary without penalty to the operator and to cancel any tour prior to departure and shall be responsible for only those refunds paid to *The Gillies* or *Gillies Travel* by operators or other third parties or participants.

In consideration of the services of *The Gillies* and *Gillies Travel* in connection with this activity by signing below you, on behalf of yourself, your family, dependents, heirs, successors, assignees, executors, administrators and personal representatives, hereby RELEASE *The Gillies* and *Gillies Travel* from any and all liabilities and WAIVE all claims against *The Gillies* and *Gillies Travel* in connection with the above referenced services, accommodations and conveyances, including without limitation travel, sight-seeing, excursions, restaurants, food , liquids, hotel or motel accommodations or other services and or loss of any personal items or baggage, or delay or irregularity including without limitation liabilities and claims due to any personal injury, death or property damage.

Signature: _____ Date: _____

Print Name: _____

MEDICAL INFORMATION

Please give completed form to your Gillie Tour Director/Guide upon departure and keep a copy of this on your person when on the tour/trip primarily for use by first responders.

NAME_____DATE_____

PHONE_____

STREET ADDRESS_____

CITY_____STATE_____ZIP_____

DOCTOR'S NAME_____PHONE_____

MEDICAL CONDITION(S)_____

MEDICATIONS AND DOSAGE_____

ALLERGIES_____

List any information that might be important or helpful to a first responder.

_____

_____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME_____RELATIONSHIP_____

CELL PHONE_____OTHER PHONE_____

Permission is granted to seek emergency help if above-mentioned person cannot be reached.

Signature_____

Date_____