

FIESTA TOURS INTERNATIONAL



Release and Warranty

FIESTA TOURS INTERNATIONAL of Tubac, Arizona, will not be responsible for any damage or expense caused by late planes, buses, motor cars, or other means of transportation, or changes in schedule, strikes, or other similar conditions: neither will they be responsible for the loss or damage to baggage or to any of my belongings. The above named Tour Operators and their agents will not be responsible for any costs or expenses that shall or may arise as a result of any injuries, illnesses, evacuation, hospitalizations, or medical treatment to, of, or for me or for my benefit. The above named Tour Operators recommend purchasing travel insurance.

I grant to the Tour Operators and their agents the right to decline, to accept, or to retain me as a member of the trip at any time before or during the actual trip. I hereby waive any right or claim to any refund or rebate as a result of any absence by me during the trip for any reason whatsoever.

I understand that the itinerary which I have received is subject to revision should circumstances, in the sole opinion of the Tour Operators and their agents, make changes necessary.

I hereby warrant and represent that I am in good physical condition, I have had a physical exam by a physician within the past year, and that I am physically and mentally fit to engage in this trip as described in the itinerary and other documents I have received from the Tour Operators, and as the trip may be modified in accordance with the kinds of possible occurrences which are set forth in the RELEASE AND WARRANTY.

RELEASE OF ALL CLAIMS:

As a voluntary participant in activities related to the Tour, I, the undersigned hereby release and absolve Catherine Ann Husted Giesy and Marshall W. Giesy, their heirs and assigns, or their agents and employees from liability of any kind or nature that may arise by reason of bodily injury or illness, or loss of or damage to property, that I may sustain while participating in such activities on tour to _____, tour dates _____. I understand that in crossing the international boundary, I may no longer be covered by personal insurance, and that I have been warned of foods that may be dangerous to my health, and activities which will not be condoned.

I, the undersigned, have read and understand the foregoing information, and voluntarily agree to be bound by the terms of this Release and Warranty.

NAME as it appears on passport (please print) _____

NAME YOU PREFER TO BE CALLED _____

PASSPORT NUMBER _____ DATE OF BIRTH _____

PHONE _____ E-MAIL: _____

ADDRESS AND ZIP _____

SIGNATURE _____ DATE _____

I have been offered Travel Insurance and _____ refuse _____ accept (Please initial).

I have read and understand the deposit and refund policies _____

(over please)

HEALTH

No vaccinations are required at this time, but certain precautions are suggested. If in Tucson, call the Theresa Lee Clinic in Tucson (under the Pima County Health Department) for the latest information on suggested vaccinations for travel in the area of our destination. If you are not in the Tucson area, find out from your doctor's office who in your area has the latest information from the World Health Organization on travel in foreign countries.

Contact your own physician to be sure any vaccinations do not conflict with medications you are already taking, and find out what he recommends.

The most important thing to remember is to keep your hands clean, and to drink only purified water. Be sure to carry wash'n wipes with you, and your own bottle of water. We will be able to refill your water bottle at the hotels. The restaurants we will visit as a group are frequented by American tourists and are reputable. When you are on your own, drink only bottled sodas (or beer), boiled coffee or tea, and be careful of the ice served to you. Be sure it is from "agua purificada" (purified water).

In order to serve you best, we would appreciate you filling out this form. All information is confidential and optional, to be used by the tour guide only in the case of an emergency.

NAME _____

Have you had or do you have a heart problem? _____

Do you have any allergies? _____

Are you on any medications? _____ If yes, what is it and for what condition? _____

Person to contact in case of an emergency _____

Address _____ Phone _____

City State Zip _____

Relationship to you _____