



## CODDIWOMPLE JOURNEYS TOUR REGISTRATION FORM

It is necessary for **each** person traveling with Coddiwomple Journeys to complete the following registration form & Assumption of Risk and return to Coddiwomple Journeys upon completion.

### PERSONAL INFORMATION

Name \_\_\_\_\_  
(Must be shown exactly as on Passport)

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  Male  Female

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MM/DD/YY)

Phone (H) \_\_\_\_\_ (Mob) \_\_\_\_\_

Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

Expiration Date \_\_\_\_\_ Nationality \_\_\_\_\_  
(MM/DD/YY)

### EMERGENCY INFORMATION

The following information is required in case of emergency while you are on the trip.

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_

### TOUR INFORMATION

Date of Departure \_\_\_\_\_ City of Departure \_\_\_\_\_  
(MM/DD/YY)

Special needs (dietary, disability etc) : \_\_\_\_\_



Did you purchase Travel Insurance\*? (check one):  Purchased  Declined

*\*Travel insurance is highly recommended & purchase of travel insurance is the responsibility of the participant or organizer(s). CoddIWomple Journeys is not responsible should the participant ignore specific requirements or advice regarding the purchase of such insurance.*

**ASSUMPTION OF RISK**

I, \_\_\_\_\_, acknowledge that I have voluntarily applied for this trip/ tour. I understand that I may travel to countries and areas that are inherently risky. I am prepared to assume risks associated with this trip/ tour including; forces of nature; terrorism; civil unrest; war; accidents; and transportation including land vehicles, boats, and aircraft that are not operated and maintained to the standards found in North America. I also assume risks associated with altitude, illness, disease, physical exertion, and alcohol consumption, knowing that access to evacuation and/or suitable medical supplies and support may not be available. By signing this document, I agree to take full responsibility for my own actions, safety and welfare, except for unanticipated events including injury, illness, emotional trauma, or death. I also understand that I will be a member of a group and will conduct myself in a way that will not endanger the group or myself. I understand that if I fraudulently represent myself as fit for this trip, I may be removed prior to or during my trip at my own expense.

I agree to release, indemnify, and hold harmless CoddIWomple Journeys LLC from and against any claim which I, my parents or guardian, or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in the fellowship or in the program.

I have read, understood and agree to the terms and conditions set forth by CoddIWomple Journeys LLC regarding the tour.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YY)

Guardian Signature (on behalf of children under 18 years of age): \_\_\_\_\_

**Mailing Address:**  
**13 Glen Road**  
**Hopkinton, MA 01748**

**Email: [info@coddIWomplejourneys.com](mailto:info@coddIWomplejourneys.com)**  
**Fax: 917-210-4093**