

## **Gandhi Legacy Tour**

Travel to new places is always stressful on your body, and travel to developing countries can be especially taxing. Health care may not be easily accessible in areas we are visiting. For all these reasons it is important that you consider carefully the state of your health and make sure you carry with you medication you may need and that you update your immunizations before leaving.

Please answer the following questions keeping in mind that they are designed to give us information we will need if you require healthcare. We recommend a health check-up both

1. Do you have health insurance? \_\_\_\_ Yes \_\_\_\_\_ No

Name of health insurance carrier

Policy Number \_\_\_\_\_

2. Please indicate any aspect of your health which may affect you during this trip (back pain, diabetes, allergies, epilepsy, etc.) Explain what medications and treatment are necessary and describe any allergic reactions or other side effects to medication.

3. Do you have any special dietary needs? If so, specify. I have answered the above questions to the best of my knowledge and have not withheld any relevant information.

Email this completed application to <a href="mailto:GandhiLegacyTour@gmail.com">GandhiLegacyTour@gmail.com</a>



Date

before and after your trip.

Signature\_\_\_\_



☐AND OR Gandhi Legac	(full name), am a participant in the Gandhi Legacy our of India from December 2, 2014 to December 16, 2014 check bo Tour of India from December 29, 2014 to January 15, 2015 check bo graha Tour of South Africa from May 31, 2014 to June 14, 2014 check	ОХ
place, especially in a dev limited access to some so we are visiting, including be held accountable for the use of transportation	led in a Gandhi Legacy Tour. I understand that travel to any new loping region, may involve changes in plans, unexpected delays, and rvices. I understand that I am subject to the laws of the country(ies) shose of migration, and that the Gandhi Legacy Tour company cannot actions of governments or their representatives. I am aware that housing, food, and other goods and services or activities in tion in the program carries a risk of personal injury and property	
and legal representatives arrangement or provision involved in the Gandhi Legacy Tour company or and legal representatives	the Gandhi Legacy Tour company, its officers, directors, employees, volunteers, from liability or injury, damage or loss arising out of the of transportation, housing, food, and any other services or goods gacy Tours. I agree not to sue or make a claim against the Gandhi any co-sponsoring organization and its officers, employees, directors for any liability, damage, or loss incurred during or in connection with the above mentioned parties from liability for willful or intentional	•
scheduled departure unl Gandhi Legacy Tour com	ent for the trip is NON-REFUNDABLE as of 45 days prior to the ss the Gandhi Legacy Tour company itself cancels the trips. I agree to any right to cancel the trips or to cancel my participation in the trips tances, at any time as long as all money I have paid to the Gandhi or me.	
5. I understand that the	andhi Legacy Tour company recommends travel insurance.	
Signature	Date	

Email this completed application to <a href="mailto:GandhiLegacyTour@gmail.com">GandhiLegacyTour@gmail.com</a>

WORLDWIDE INSTITUTE
gandhiforchildren.org