



Travelers Medical Form

Travelers Name: _____

Emergency Contact Name _____ Relationship _____

Address _____

Emergency Contact Cell Phone _____ Email _____

Please give a list of any current medications taken, medication allergies and a copy of your passport to your emergency contact.

Do you have traveler's medical insurance? No ___ Yes ___

=====

MEDICAL INFORMATION

Please list any of the following that we should be aware of: (Use back of form to list extra information.)

Medical conditions _____

Medication allergies _____

Current medications _____

This is your private information. Keep this form and a copy of your passport securely in an envelope with you at all times.

RESPONSIBILITY AND LIABILITY

I, the undersigned, agree voluntarily, for myself, my heirs, and executors, to waive, release and hold harmless Aliyah Tours, and any affiliates, their owners, employees and agents from any and all liability, claims, losses, cost or damages of whatsoever kind and nature including travel delays, injuries, illness, death or damage to or loss of property that I may suffer in any way directly or indirectly arising in connection to my participation in this tour.

Tour Operators operating the land tours offered under this program act only as agents of the transportation, hotels, bus operators, sightseeing contractors and others which provide the actual land arrangements and are not liable for any act, omission, delay, injury, loss or damage or nonperformance occurring in connection with these land arrangements.

Printed Name _____

Signature _____ Date _____