

GLOBAL PARTNERSHIPS PARTNERTRIP APPLICATION

Peru: November 12-21, 2011

PARTICIPANT INFORMATION

Full Name (First/Middle/Last—as it appears on passport)

Date of Birth (MM/DD/YYYY)

Home Address

City

State

Zip

Home Phone

Cell Phone

Email

Company or Organization

Work Address

Work Phone

Fax

Do you speak or understand Spanish?

Yes

No

A little

Have you ever traveled in the developing world?

Yes

No

If so, where? _____

PartnerTrips are designed for donors who have made or who are considering making a personally significant gift to Global Partnerships. Examples of personally significant gifts include financial donations, corporate partnerships, volunteer involvement, sharing of networks, and public speaking/writing about Global Partnerships' work. Please describe your plans for partnering with us to support our mission following your participation in this PartnerTrip:

Please describe briefly your own objectives and expectations for this PartnerTrip experience:

PLEASE NOTE: We ask that travelers give prudent consideration to their ability and comfort level in participating in a physically active travel experience. The daily schedule on PartnerTrips is quite full and typically involves a significant amount of walking, often on dirt paths and/or in hilly environments.

PAYMENT INFORMATION & APPLICATION TIMELINE

- A deposit of \$500 per person is required to complete your application. Once an application is approved for participation, the deposit will be applied to the final cost of the trip. If an application is not accepted for participation, Global Partnerships will refund the deposit in full.
- Submission deadline for application with deposit is **September 23, 2011**. (After this date, please contact Global Partnerships to inquire about late application availability.)
- Applicants will be notified no later than September 30, 2011 with confirmation of their participation.
- The cost of this trip is \$2,300 per person for individual participants (single occupancy) and \$2,000 per person for couples (double occupancy). This cost includes all in-country transportation, hotel accommodations, group meals, and translation services. Full payment is due by October 28, 2011.
- Travelers are responsible for their own airfare. Any planned or unplanned changes to flights or flight schedules are to be handled by travelers and their airline.

- Space is limited. Global Partnerships reserves the right to cancel a trip and refund deposits due to group size. Please wait until September 30, 2011 for confirmation before purchasing your airline tickets.
- Cancellation policy: Complete deposit is fifty-percent refundable by September 30, 2011.

To apply for participation in this PartnerTrip, please return this form with your deposit by mailing it to the following address, or fax this form and call to charge your deposit via credit card:

Global Partnerships
Attn: Chris Megargee
1932 First Avenue, Suite 400
Seattle, WA 98101

FAX: 206.456.7877
TEL: 206.456.7813

For additional information or questions please contact Chris Megargee at 206.456.7813 or cmegargee@globalpartnerships.org

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

1. WAIVER OF LIABILITY:

In consideration of permission to participate in the Global Partnerships Peru PartnerTrip November 2011 (the "Event"), I hereby RELEASE, WAIVE AND DISCHARGE Global Partnerships, its officers, directors, employees, agents, representatives, and its successors and assigns from all actions, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments against Global Partnerships or its officers, directors, employees, agents, and representatives which I, my heirs, executors, administrators, successors, and assigns ever had, now have or hereafter can, shall, or may have, resulting from or arising in connection with any negligence of Global Partnerships' officers, directors, employees, agents, or representatives, whether resulting directly or indirectly from or caused by or relating to my attendance at or participation in the Event; except to the extent such actions, suits, costs, losses, expenses, damages, claims, or judgments are caused by or result from Global Partnerships' willful misconduct or gross negligence.

2. ASSUMPTION OF RISKS:

Participation in the Event is entirely voluntary. I understand that participation in the Event may involve risks, including but not limited to bodily injury, illness, disease, death, and/or damage to property. Such risks may arise from various causes, including but not limited to accidents involving third parties known or unknown to Global Partnerships (whether or not any party is at fault). I understand and acknowledge that the above lists of risks and causes are not complete or exhaustive. I accept and hereby assume all risks of personal injury, including but not limited to death or other injury to myself, illness, disease, and any damage to my property which may occur from my participation in the Event. I FREELY AND VOLUNTARILY SIGN THIS AGREEMENT, INTENDING TO COMPLETELY ASSUME ALL RISKS OF PARTICIPATING IN THE EVENT, to the greatest extent allowed by the laws of the State of Washington.

3. PHOTOGRAPHY AND VIDEO CONSENT:

I grant permission to Global Partnerships and its officers, directors, employees, agents, and representatives to take photographs and videos of me and to use, edit, publish and reproduce all images and videos of me for promotional and marketing purposes, fundraising, and other publications or presentations sponsored by Global Partnerships or its affiliates, without restriction and without compensation to me. I release Global Partnerships and its officers, directors, employees, agents, and representatives from all claims and liability with respect to any photographs or videos of me that they take, use, edit, publish or reproduce.

4. INDEMNIFICATION:

I agree to INDEMNIFY AND HOLD GLOBAL PARTNERSHIPS HARMLESS from claims that may be brought against Global Partnerships by my family members or my guests who attend the Event.

5. SEVERABILITY:

I agree that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect.

6. VENUE AND GOVERNING LAW:

This agreement shall be governed by and construed in accordance with the laws of the State of Washington, without giving effect to principles of conflicts of law. The state and federal courts located in King County, Washington will have sole jurisdiction over any such dispute, and I hereby irrevocably submit to personal jurisdiction and venue in such courts.

7. ACKNOWLEDGMENT OF UNDERSTANDING:

I have read this agreement, fully understand its terms, and **I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.** I acknowledge that I am signing this agreement freely and voluntarily, and **INTEND THIS AGREEMENT BY MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY** of Global Partnerships, pursuant to the terms of this agreement, to the greatest extent allowed by the laws of the State of Washington.

Signature _____ Date _____

IMPORTANT: If PartnerTrip registrant is a minor (under 18 years of age): Parent or Legal Guardian must sign:

I am the registrant's parent or legal guardian. I am signing this agreement on my own behalf and on behalf of the registrant.

Parent or Legal Guardian's Signature _____ Date _____

Parent or Legal Guardian's Name (Please Print) _____

FOR OFFICE USE ONLY:

Date rcvd.: _____ Rcvd by: _____

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EMERGENCY CONTACT INFORMATION

Please complete all of the below information and
**** Attach a photocopy of the first page of your current passport ****

Traveler's Full Name
(as on passport) _____

Passport Number _____

Expiration Date _____

Where Issued _____

Emergency Contact _____

Address _____

Phone Numbers _____
(daytime) _____ (evening) _____

Alternate Emergency Contact _____

Address _____

Phone Numbers _____
(daytime) _____ (evening) _____

Name of Primary Physician _____

Address _____

Phone Numbers _____
(office) _____ (emergency) _____

Medical Conditions, Special
Instructions, Other Information _____

Shirt size (circle one): S M L XL XXL

Please mail or fax back to:
Global Partnerships
Attn: Chris Megargee
1932 First Avenue, Suite 400
Seattle, WA 98101
Fax: 206.456.7877