

GLOBAL PARTNERSHIPS PARTNERTRIP APPLICATION

Nicaragua: November 14-21, 2010

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, or 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 **October 22, 2010**. (After this date, please contact Global Partnerships to inquire about late application availability.)
- Applicants will be notified no later than October 25, 2010 with confirmation of their participation.
- The cost of this trip is \$2,000 per person for individual participants (single occupancy) and \$1,700 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 November 8, 2010.
- 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 October 25, 2010 for confirmation before purchasing your airline tickets.
- Cancellation policy: Complete deposit is fifty-percent refundable by October 25, 2010.

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
909 NE Boat St., Suite 200
Seattle, WA 98105

FAX: 206.264.3009
TEL: 206.652.8717

For additional information or questions please contact Chris Megargee at 206.652.8717 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 Nicaragua PartnerTrip November 2010 (the "Event"), I hereby RELEASE, WAIVE AND DISCHARGE Global Partnerships, its offices, directors, employees, agents, representatives, and its successors and assigners from all actions, cause of actions, 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 assignees 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 such actions, suits costs, losses, expenses, damages, claims, and judgments which 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 that can result in bodily injury, death, and/or damage to property for many reasons, including but not limited to accidents involving third parties known and unknown to Global Partnerships (whether or not any party is at fault). I understand and acknowledge that the above list of reasons is not complete or exhaustive. I accept and hereby assume all risks of personal injury (including death or other injury to myself), illness or disease, and any damage to my property which may occur during the Event. I FREELY AND VOLUNTARILY SIGN THIS AGREEMENT, INTENDING TO COMPLETELY ASSUME THE INHERENT RISKS OF PARTICIPATING IN THE EVENT, to the greatest extent allowed by law in the State of Washington.

3. INDEMNIFICATION:

I hereby 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.

4. SEVERABILITY:

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

5. 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.

6. 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 law 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
909 NE Boat St., Suite 200
Seattle, WA 98105
Fax: 206.264.3009