



Nicaraguan Short-term Mission Interest Form

Release of Liability to Presbyterians Aiding Nicaraguans

Name of traveller: _____

Address 1: _____

Address 2: _____

City _____ Province _____

Postal Code _____ Home Phone: _____

Fax Number: _____ Business Phone: _____

E-mail _____

Passport _____

Country of Issue _____ Passport Number: _____

Emergency Contact Information

Name: _____

Address 1: _____

Address 2: _____

City _____ Province _____

Postal Code _____ Home Phone: _____

Fax Number: _____ Business Phone: _____

Responsibility

Presbyterians Aiding Nicaraguans, its Board, representatives, volunteers, agents, servants and employees, hereinafter "P.A.N.", act only as an agent for the Traveler in connection with all aspects of the Traveler's tour to Nicaragua and it is understood and agreed that P.A.N. assumes no liability for injury, damage, loss, accident, medical expenses, delay or irregularity which may be occasioned for any reason whatsoever, due to its own acts or omissions or through the acts or omissions of any company or person engaged by P.A.N. for the purpose of, transporting or housing traveler, or in carrying out the arrangements of the tour, and P.A.N. accepts no liability or responsibility for losses or additional expenses due to causes or changes in air or other services, sickness, weather, strike, war, quarantine, or other causes. The right is reserved to P.A.N. to substitute living accommodations of similar quality to those specified in the itinerary. No refund will be made for any unused portion of the tour.

I have read the foregoing and understand that it is a full and complete release of liability of Presbyterians Aiding Nicaraguans

Travellers _____ Date _____

Signature _____

If traveller is under 18 years of age the parent's signature is required below.

Parent's
Signature

Date
