MARIANATHA TOURS
The Comfy Backpacker Travel & Tours
www.marianathatours.org

Email:
info@marianathatours.org

TRIP NAME: _____
(Please indicate the trip name so we assign you to the correct booking/ group)

Travel Advisor Name: _____

	TRAVELER 1	TRAVELER 2
First Name (based on passport)		
Middle Name (based on passport)		
Last Name (based on passport)		
Date of Birth (MM-DD-YR)		
Home/ Mobile Number		
Email Address		
Complete Address (include postal code)		
Emergency Contact Person		
Emergency Contact Person's Number		
Dietary Restrictions (incl. Food Allergies, if any)		
Medical/ Mobility Restrictions		

Departure City _____ Return City _____

_____I have read, understood and agree to the terms and conditions attached to this booking/ trip.

_____I understand the importance of travel medical insurance and trip cancellation insurance. I am responsible for ensuring I and the travellers in this booking have purchased the appropriate travel insurance prior to start of the trip.

_____ I have included a copy of my passport/ all travellers passport who are joining this trip with this form.

_____ I have filled out and signed the travel insurance waiver form/ payment/credit card authorization form.

_____

Signature / Date

☐ **I have read and agree to the Marianatha Tours Trip Terms & Conditions:**
https://marianathatours.org/trip-terms-%26-conditions
IMPORTANT: Submit filled out/ signed Registration form, Traveler Waiver form, copy of passport, credit card authorization form and pay nonrefundable deposit
Email forms and passport copy to: info@marianathatours.org

LIABILITY:: TCBTT- Marianatha Tours is a travel agency and has made the advertised holiday arrangements with the airline/s/, hotel/s/, cruise ship/s/, other operator/s/ and other. Each of these organizations has its own specific terms and conditions for doing business and you will be bound by them. TCBTT- Marianatha Tours accepts no responsibility for /A/ the acts or omissions of any party/ies/ other than TCBTT- Marianatha Tours employees./B/ failure by the passenger to be properly documented; /C/ failure by the passenger to comply with departure or joining or baggage requirements; /D/ aircraft delays, government actions, act/s/ of God, pandemic or any factor beyond our direct control; /E/ cancellation or delay to any tour or holiday or change to the itinerary; /F/ expenses resulting from lost or damaged baggage. TCBTT- Marianatha Tours reserves the right to refuse any person as a member of these tours at its sole discretion. TCBTT- Marianatha Tours reserves the right to cancel any or all departure/s/ with or without prior notice and cancelled tours/flights will follow the policies set by the airline/s and tour operators/ suppliers.

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PAYMENT FORM FOR E-TRANSFER ONLY

(If using credit card to pay, please use credit card authorization form instead)

Send payment to : info@marianathatours.org

Indicate Trip Name under Remarks/ Notes before sending your payment

Traveller 1: $ _____Traveller 2: $ _____

I, _____(Name of Lead Traveler) have read, understood and agreed with the terms and conditions of this trip.

_____
Signature / Date

GET A FREE TRAVEL INSURANCE QUOTE FROM MANULIFE

TRAVEL INSURANCE WAIVER FORM

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your travels are only filled with happy and picturesque memories.

For this reason we will need you to read and understand the insurance offers whether from the vendor or third party.

Travel Medical Insurance is required for this trip. We ***strongly*** recommend you purchase travel cancellation/

interruption insurance.

If you choose to decline all offered protections, you assume any and all personal, mental and financial losses.

Lead Traveler's Full Name: _____
Travel Advisor's Name: _____
Travel Date: (MM/DD/YYYY) _____

Please initial by your choice and Sign Below

___. Yes, I will purchase my/ our own travel medical and trip cancellation/interruption insurance
___. No, I decline to purchase travel insurance and accept the terms.
___. Please refer me to a travel insurance agent.

I hereby agree with the terms of the above and hereby understand coverages offered of declined and understand the consequences of changes and/or cancellations.

_____
Lead Traveler Signature/ Date

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PAYMENT FORM FOR CREDIT CARD PAYMENT ONLY

Traveller 1: $ _____Traveller 2: $ _____ I would like to pay with :
_____Visa _____Mastercard _____American Express

IMPORTANT: Credit card payment might incur a 2.4% 3.5% card surcharge fee.
Your credit card statement will appear as a charge from Marianatha Tours/ Comfy Backpacker Travel/ WT or name of the airline/ hotel/ tour operator/ other suppliers as applicable to your booking.

CARDHOLDER'S NAME: _____
CREDIT CARD NUMBER : _____
CREDIT CARD EXPIRY DATE : _____ 3 DIGIT NUMBER AT BACK OF CARD _____
COMPLETE BILLING ADDRESS INCLUDING POSTAL CODE
_____
_____

I, _____(Name of Cardholder) give full authorization to Marianatha Tours/ Comfy Backpacker Travel/ WT or airline/ hotel/ tour suppliers to charge $ _____CAD/ USD **plus applicable credit card surcharge** on my credit card as **deposit/ final payment** for the for the purpose of paying for travel arrangements for the traveller/s identified in this booking. I shall not decline, reject or challenge such amount charged on my credit card. I have read, understood and agreed with the terms and conditions of this trip.

_____
Signature / Date

GET A FREE TRAVEL INSURANCE QUOTE WITH MANULIFE

TRAVEL INSURANCE WAIVER FORM

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your travels are only filled with happy and picturesque memories.

For this reason we will need you to read and understand the insurance offers whether from the vendor or third party.

Travel Medical Insurance is required for this trip. We ***strongly*** recommend you purchase travel cancellation/

interruption insurance.

If you choose to decline all offered protections, you assume any and all personal, mental and financial losses.

Lead Traveler's Full Name: _____
Travel Advisor's Name: _____
Travel Date: (MM/DD/YYYY) _____

Please initial by your choice and Sign Below

___. Yes, I will purchase my/ our own travel medical and trip cancellation/interruption insurance
___. No, I decline to purchase travel insurance and accept the terms.

I hereby agree with the terms of the above and hereby understand coverage offered of declined and understand the consequences of changes and/or cancellations.

_____
Lead Traveler Signature/ Date

Traveler Waiver Form

Release of Liability, Waiver of Claims, Assumption of Risks, and Indemnity Agreement

Please read carefully – by signing this document,
you waive certain legal rights, including the right to sue.

Acknowledgment of Risk

This trip/ pilgrimage involves international travel and cultural experiences which may include certain inherent risks. These risks include, but are not limited to, personal injury, illness, property damage or loss, travel delays, and unexpected changes or cancellations due to circumstances beyond our control.

By participating in this trip, I acknowledge that I may be exposed to, among other things:

1. Theft, vandalism, or loss of personal belongings
2. Motor vehicle or transportation-related incidents
3. Medical emergencies or limited access to medical services
4. Unfamiliar or hazardous environments, weather, and terrain
5. Differences in laws, customs, and standards in the destination country
6. Political instability or security threats
7. Cancellation or disruption of itinerary due to strikes, weather, illness, or supplier issues

I have read the most current government advisory for the destination(s) and understand the potential risks involved.

Assumption of Risk

I freely accept and fully assume all such risks, hazards, and the possibility of personal injury, illness, property damage, delay, financial loss, and any other related consequences arising from participation in this pilgrimage.

Release of Liability and Indemnity

In consideration of being permitted to participate in this trip/ pilgrimage, I agree to the following:

1. To waive any and all claims that I now have or may have in the future against Marianatha Tours / TCB Travel and Tours, and their employees, agents, representatives, partners, contractors, and affiliates (the "Releasees").
2. To release the Releasees from any and all liability for any loss, injury, damage, delay, or expense I may suffer, or that my next of kin may suffer, as a result of participation in this trip, including due to the negligence of the Releasees.
3. To hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my participation in the trip.
4. I understand that it is my responsibility to fully understand the risks and make an informed decision about participation. I have not relied on any oral or written representations from the Releasees beyond what is stated in this agreement.
5. I confirm that this agreement will be binding upon my heirs, next of kin, executors, administrators, assigns, and legal representatives in the event of my death or incapacity.

Acknowledgment

I have read, understood, and voluntarily agree to the terms of this waiver. I am aware that by signing this document, I am waiving certain legal rights, including the right to sue the Releasees.

Traveler Name 1: _____ Traveler Name 2 : _____

Signature/ Date: _____ Signature/ Date: _____

**If form is for one traveler only, indicate N/A under Traveler 2 name and signature*