



**MARIANATHA TOURS**  
**TCB TRAVEL & TOURS**  
[www.marianathatours.org](http://www.marianathatours.org)

**Email:**  
[info@marianathatours.org](mailto:info@marianathatours.org)

**TRIP NAME:** \_\_\_\_\_

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

	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

**Submit filled out/ signed Registration form/ Waiver Form, copy of passport, credit card authorization form and pay nonrefundable deposit**  
**Email forms and passport copy to: [info@marianathatours.org](mailto: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.



**PAYMENT FORM**

Traveller 1: \$ \_\_\_\_\_ Traveller 2: \$ \_\_\_\_\_

I would like to pay with : \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

**IMPORTANT: Credit card payment might incur a 2.9% card surcharge.**

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 The Comfy Backpacker Travel & Tours/ Marianatha Tours or airline/ hotel/ tour suppliers to charge \$ \_\_\_\_\_ CAD/ USD **plus any applicable credit card surcharge** on my credit card as deposit/ final payment 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

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**TRAVEL INSURANCE WAIVER FORM**

Travel insurance provides a valuable benefit to protect you from the unexpected. We want to ensure that your trips 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 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 agree to the terms above, understand the travel insurance options offered, and accept the risks if I choose not to purchase it. I also understand the consequences of making changes or cancellations.

\_\_\_\_\_



Lead Traveler Name & Signature/ Date

### **TRAVELER 1 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 of Canada travel advisories 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 (print):** \_\_\_\_\_

**Signature/ Date:** \_\_\_\_\_



### **TRAVELER 2 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:

8. Theft, vandalism, or loss of personal belongings
9. Motor vehicle or transportation-related incidents
10. Medical emergencies or limited access to medical services
11. Unfamiliar or hazardous environments, weather, and terrain
12. Differences in laws, customs, and standards in the destination country
13. Political instability or security threats
14. Cancellation or disruption of itinerary due to strikes, weather, illness, or supplier issues

I have read the most current Government of Canada travel advisories 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:

6. 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").
7. 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**.
8. 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.
9. 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.
10. 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 (print):** \_\_\_\_\_

**Signature/ Date:** \_\_\_\_\_