

Trip Consent Signatures

Traveler's Name: _____

Name and Dates of Trip: _____

Attendance Release: I hereby give my permission for the traveler named above to participate in the mentioned Hammer Travel LLC Vacation. I have read, understood, and agree with all of Hammer Travel's policies and procedures, and I certify that the information on the application and other forms is true, accurate, and complete. I understand that any photographs, audio or video recordings, and any other media form taken of above traveler on the trip may be used for publication in any marketing or advertising materials, including electronic formats, used by Hammer Travel for purposes including but not limited to: public relations, fundraising, recruitment of potential travelers, employees, or volunteers, and promotion of future trips. Names of travelers will not be used unless permission is granted in advance.

Legal Guardian/Representative's Signature / Date

Emergency Medical Care: I hereby give my permission for the non-medical travel staff selected by Hammer Travel LLC to provide routine health care, administer prescribed and standing order medications, and seek emergency medical treatment, including x-rays, if needed for the traveler named above. I understand that in the event of an urgent or emergency medical situation, Hammer Travel LLC will make all reasonable efforts to contact the traveler's legal representative. However, in the case of an urgent or emergency condition, appropriate medical care should never be withheld or delayed because of problems with obtaining consent from the legal representative, including hospitalization, injections, anesthesia, or surgery. In the case where the legal representative is not available in a reasonable time under the circumstances, I hereby give my consent to Hammer Travel to obtain all emergency medical care prescribed by a duly licensed physician, health care provider or dentist. This care may be given under whatever conditions are necessary to preserve the traveler's life, limb or well-being. I give permission to obtain copies of treatment and health records from any provider and I agree to the release of any information and records necessary for treatment. Hammer Travel LLC cannot assume responsibility for any medical expenses that may occur if medical care must be sought.

Legal Guardian/Representative's Signature / Date

Financial Release: (check one)

___ I authorize Hammer Travel to handle any or all of the personal funds of the traveler mentioned above while on the vacation. In which case funds will be handed over at check-in, and provided to the traveler as needed during the trip, or as requested. Funds will be returned with receipts at the end of the vacation.

___ I authorize that the traveler mentioned above will handle all of his/her own personal funds while on the trip. In which case funds will be handed over at check-in so that Hammer Travel staff can confirm and record the amount brought with the traveler, then given back to the traveler after he/she signs a receipt confirming the balance of funds. I agree that Hammer Travel will not be held responsible for any lost monies, overspending, or any other financial issue that may occur while on the vacation, and that the funds are the responsibility of the traveler at all times.

Legal Guardian/Representative's Signature / Date

Acknowledgement of Proper Travel Identification (for travelers who are residents of Minnesota): Beginning October 1st 2020, federal regulations will require a MN REAL ID, MN Enhanced ID, or Valid US Passport for all domestic air travel, and a Valid Passport for all international travel. If a traveler shows up for a trip without the required ID, he/she will be turned away at trip check-in and cancelation policies will be applied.

Legal Guardian/Representative's Signature / Date