

BOOKING FORM

WOMEN'S INTEGRATED WELLNESS CAMP

9-14th July 2021

	Date	Day	Flight No.	Dep Airport	ETD
Outward					
Return					

PERSONAL DETAILS ALL SECTIONS MUST BE COMPLETED

First Name		Surname	
Telephone No.		Mobile	
Postal Address		Email ID	
Nationality		DOB	
Passport No.		Expiry Date	
Date Issued		Place Issued	
T.Shirt Size		Twin share with	

EMERGENCY CONTACT DETAILS

Contact Person:		Telephone	
Relationship to you:			

DIETRY RESTRICTIONS (food allergies/vegetarian/vegan/ gluten/ wheat) please state below:-

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HEALTH & FITNESS - if you have any medical conditions it is important that you list them here (diabetes, epilepsy, allergies to medications etc) Are you taking any medication that we should be aware of?

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FITNESS INFO

On a scale of 1 to 10 (1 = unfit & 10 = Very fit) how do you score your fitness level ?

Please write your score here :

INSURANCE - all participants must be protected by their own insurance that covers accidents, illness, emergency evacuation and loss or damage to personal effects. If you do not have the necessary insurance by signing the liability waiver and agreeing to participate you accept

responsibility to cover all medical expenses incurred and costs involved in getting you to a medical facility.

Name of Insurer	Policy No.	Company Telephone

PAYMENT DETAILS

Investment : USD1900 / Dhs 7,000 per person based on twin share

50 % Deposit on booking to secure your place. Balance due on or before 10th May 2020

If you wish to pay the whole retreat fee on booking to save on potential transfer charges please feel free to do so 😊

[Account Details Dhs Account](#)

Bank: Emirates NBD (Umm Suquiem Branch - Dubai Media City)
Account Number: 023-21415471-02 Account Name: Julie Lewis
Telex/swift code: EBILAEAD
IBAN: [AE500260000232141547102](#)

[Account Details USD Account](#)

Bank: Emirates NBD (Umm Suquiem Branch - Dubai Media City)
Account Number: 031-21415471-03 Account Name Julie Lewis
Telex/swift code: EBILAEAD
IBAN: [AE120260000312141547103](#)

BOOKING CONDITIONS/CANCELLATION CHARGES

Should a cancellation arise the following scale of charges will apply: -

1. No refund or compensation will be awarded for any unused services booked for the trip, e.g. flights, hotels, accommodation.
2. Cancellation by Mountain High or LPSV Experience will entitle you to a full refund of all sums paid unless cancellation is due to circumstances beyond the control of the Company and if such cancellation is covered under travel insurance.
3. Cancellation 45 - 0 days prior to trip departure will result in you being liable for 100 % of the total trip cost.
4. If you are forced to cancel your trip written notification must be sent to Mountain High and the date of cancellation will be deemed to be the day the Company received written confirmation of such cancellation.

I have read and agree to the Booking conditions as listed above. I can confirm that I am in good physical and mental health and have no known reason to cancel the trip and am not travelling against the advice of medical professional persons.

* Cancellation policy subject to change to fall in line with any changes to policy by our Ground Handlers & selected and airlines.

Signed _____ Date _____

DISCLAIMER

I ----- confirm and undertake that I shall be solely responsible for any personal injury/ and or damage to property I cause to myself and/ or third parties during the whole time of the above mentioned tour. I release **Mountain High or LPSV Experience** of any liabilities, claims or suits related to my personal injury or damage to property caused by myself and or third parties during the tour. I have read and fully understood the information in the trip itinerary and have applied to join on the basis that I am competent and willing to cope with the situations, circumstances and conditions made clear in the printed material. I recognise that this is an adventure holiday and as such contains a greater potential risk compared to my usual daily life or conventional holiday travel. Not only do I accept these realities I have chosen to seek them out and recognise that not all situations, circumstances and conditions subsequently encountered are identical to those pre-existing and prevailing at the time of booking. I

recognise the responsibility of **Mountain High & LPSV Experience** to me and accept the authority and decisions of both operators in respect of the trip I have applied to join.

Signed _____ Date _____