



**Evolve Tours  
Program Package 2014**

Dear Students and Parents,

Welcome,

Please take the time to look through this package and complete any of the requested information. This package is designed to help you plan for a trip of a lifetime.

**School: Preston High School  
Destination: Malaysia  
Dates: February 28—March 16**

**This Package includes the following:**

- Packing List
- Tour information
- All Forms

We look forward to having you participate in our program.

Sincerely,

Evolve Tours

## Passport

All tour members are required to have a valid passport in order to travel with our tour. Please make sure that your passport is valid until 6 months after the date of tour completion.

### On-trip Passport Protocol.

- Tour members will hold their own original documents during travel days
- Tour members will hold photocopies of original documents during the entire trip. Please bring a photocopy of your passport on the tour.

Tour members should have their passport in their possession at all times on travel days. However, keeping a passport in the pocket of jeans is not recommended as they can easily be spotted and taken by pick-pockets. A passport has a \$10,000.00 street value and is an easy target for pick-pockets. Money belts are a relatively cheap alternative. They can be purchased at most luggage stores, travel stores, and outfitters.

### Canadian Residents:

Forms are available online at: [www.ppt.gc.ca](http://www.ppt.gc.ca) as well as instructions as to how to obtain a passport. You can pick up an application at any post office, travel agency or passport office. You must show proof of citizenship in the form of a birth certificate and you must bring two official passport photos with you. You can also call 1-800-567-6868 for more information.

Tourist visas are not required for Canadian citizens intending on staying less than three months in the country of Malaysia. For non-Canadian passport holders, please consult the regulations and requirements with the consulate of your home country.

### Preparing for Your Trip to Malaysia (information taken from CDC website)

Before visiting Malaysia, you may need to get the following vaccinations and medications for vaccine-preventable diseases and other diseases you might be at risk for at your destination: (Note: Your doctor or health-care provider will determine what you will need, depending on factors such as your health and immunization history, areas of the country you will be visiting, and planned activities.)

To have the most benefit, see a health-care provider at least 4–6 weeks before your trip to allow time for your vaccines to take effect and to start taking medicine to prevent malaria, if you need it.

Vaccine recommendations are based on the best available risk information. Please note that the level of risk for vaccine-preventable diseases can change at any time.

Vaccination or Disease	Recommendations or Requirements for Vaccine-Preventable Diseases
Routine	Recommended if you are not up-to-date with routine shots, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, poliovirus vaccine, etc.
Hepatitis A or immune globulin (IG)	Recommended for all unvaccinated people traveling to or working in countries with an intermediate or high level of hepatitis A virus infection (see map) where exposure might occur through food or water. Cases of travel-related hepatitis A can also occur in travelers to developing countries with "standard" tourist itineraries, accommodations, and food consumption behaviors.
Hepatitis B	Recommended for all unvaccinated persons traveling to or working in countries with intermediate to high levels of endemic HBV transmission (see map), especially those who might be exposed to blood or body fluids, have sexual contact with the local population, or be exposed through medical treatment (e.g., for an accident).
Typhoid	Recommended for all unvaccinated people traveling to or working in Southeast Asia, especially if staying with friends or relatives or visiting smaller cities, villages, or rural areas where exposure might occur through food or water.
Japanese encephalitis	Recommended if you plan to visit rural farming areas and under special circumstances, such as a known outbreak of Japanese encephalitis, see country-specific information.

**Rabies vaccination** is only recommended for certain travelers, including:

- travelers with high occupational risks, such as veterinarians
- long-term travelers and expatriates living in areas with a high risk of exposure
- travelers involved in any activities that might bring them into direct contact with bats, carnivores, and other mammals, such as wildlife professionals, researchers, veterinarians, or adventure travelers visiting areas where bats, carnivores, and other mammals are commonly found

**Areas of Malaysia with Malaria:** Present in rural areas of Malaysian Borneo (Sabah and Sarawak Provinces) and to a lesser extent in rural areas of Peninsular Malaysia. (more information)

You will need to discuss with your doctor the best ways for you to avoid getting sick with malaria. Ways to prevent malaria include the following:

- Taking a prescription antimalarial drug
- Using insect repellent and wearing long pants and sleeves to prevent mosquito bites
- Sleeping in air-conditioned or well-screened rooms or using bednets

All of the following antimalarial drugs are equal options for preventing malaria in Malaysia: Atovaquone-proguanil, doxycycline, or mefloquine. For detailed information about each of these drugs, see Table 3-11: Drugs used in the



prophylaxis of malaria. For information that can help you and your doctor decide which of these drugs would be best for you, please see Choosing a Drug to Prevent Malaria.

**Note: Chloroquine is NOT an effective antimalarial drug in Malaysia and should not be taken to prevent malaria in this region.**

#### **Health History:**

Please make sure that you provide us with the most up to date health information concerning your child. Even if your child is in perfect health, we need to have that information on file so that we know how to respond to any immediate need without hesitation. Also please record any pertinent information shared with you by your family physician at each visit. Please notify us if there are any changes after the form is sent in. All changes must be made in writing.

#### **Special Medication:**

Evolve staff will hold **copies or extra** special medication for your son/daughter. All **extra** medication should be brought to the airport or point of departure and handed to one of our tour directors. All products should be handed in with their original containers and original labels. All students who wear eye-glasses or wear prescriptions lenses should send an extra pair of glasses to ensure that there is always an extra pair.

#### **Medical Issues:**

Please note that EVOLVE tour leaders are **NOT** authorized to provide any of our own medication nor purchase any over the counter medication **including Aspirin, Tylenol, Immodium, cough syrup**, etc. We can only provide medication *authorized and provided by you or a physician*. Please plan accordingly and kindly label all medication sent with your son/daughter's name on the bottle or package. This means if you want to have Tylenol, Advil, Gravol etc...you should pack it in your bag.

#### **Students with Asthma Inhalers**

If you require an inhaler, we request you bring 3 labeled with your full name: One for the student to carry one at all times, a second to keep in our medical kit and the third with our trip director.

#### **Epipen Carrying Travelers**

Travelers carrying epipens must have a letter from their doctor stating that they must travel with their epipens to avoid a life-threatening emergency. We ask that you bring 3 Epipens. One to be kept with student, 1 with the Tour Director and 1 to be kept in our medical kit. Please label epipens with your child's name.

#### **Diabetic Travelers**

Diabetic travelers require a letter from their doctor stating that they are diabetic and must travel with their insulin supplies, including syringes, insulin, pen needles, monitor and blood sugar testing strips as carry on luggage. Diabetics should wear a medic alert bracelet as well. We require diabetic students to bring at least 2 Glucagon Kits (with valid expiration date) as well as a small handheld cooler with extra insulin supplies as carry on luggage or a personal day backpack.

#### **Traveling with Epipens and or Syringes**



Please note that with increased security at airports and border crossings you must supply your child with a letter for carrying these items on board.

### **Health Care on Tour**

All student health information is carried in a file throughout the duration of the trip. Any special attention needed for special students will be managed by each tour director and tour counselors.

### **Preparing for the Tour**

**Extra Money.** Budgets will vary from person to person. A wholesome breakfast, lunch and dinner is included on each day of the tour. A fair estimate for budgeting is **\$300 USD CASH. There will be opportunities to exchange your currency. Please bring bills of small denominations for easier exchange.**

**Please don't send your kids on tour with only CASH.** All students should have some cash on-hand and access to other cash in the form of Debit Cards. North American Debit cards may work at urban destinations. Travelers checks may not be accepted everywhere. Western Union money transfers or other transfers should only be used as a last resort. Please do not rely on Evolve Tours to lend money. If possible, we will be able to lend small amounts of money irregularly.

### **Helpful Packing Hints**

Please note that each tour member is responsible for their own belongings throughout the tour. Do not bring expensive items including jewelry, video cameras, laptops, DVD players, etc. All other items you bring should be labeled.

### **Laundry**

There will be no time on the trip scheduled for laundry. Students may do laundry on their own at appropriate times

### **The NO packing list**

All Valuables should be left at home. We recognize the importance of wanting "to look your best" and wanting to bring the latest and greatest clothes and accessories. However, please avoid bringing these items. Things get lost and you have to carry them. All students should keep their personal items in an organized manner as they will be moving around a lot. Please do not pack any items that are not on the packing list particularly:

- Butane or propane filled appliances
- Fire Crackers
- Glass Containers
- Pocket Knives
- Curling Irons
- Hair Dryers
- Expensive Jewelry
- Portable Media Players
- Expensive Clothing

## Packing/Clothing Checklist

Please be sure to label all of your baggage with proper identification.

Luggage:

- Please pack EVERYTHING into a medium (50-80 litre) bag.
- Small waist pouch (to be used as a carry-on for books or Ipod etc.)

Clothing Items:

- Socks for each day of trip
- Underwear for each day of trip
- 5 T-Shirts (1 polyester or dry fit shirt for, old soccer jerseys. Cotton doesn't dry!)
- 2-3 Pairs of shorts
- 1 Pair of Pants or Jeans
- 1 Baseball Hat (no visors)
- 1 Pair of Hiking Pants (Durable, lightweight, quick dry)
- 1 Rain Jacket
- 1 Long sleeve shirt (Dry fit)
- 1 Pair of warm and comfortable pants for night
- 1 warm sweatshirt
- Tuque, gloves, long underwear

Technical Gear and Equipment:

- 1 Pair Hiking Boot or light trail shoe (preferably with ankle support and broken in)
- 1 Pair running shoes
- 1 Pair shower shoes
- 1 Pair of Sunglasses
- 1 HEAD LAMP
- Water Bottle
- A Watch
- A copy of your passport.

Bed & Bath:

- 1 Toiletry kit (toothpaste, toothbrush, soap, Shampoo, Sunscreen 45'spf) (small amounts)
- 1 Laundry Bag
- 1 "Pack Towel"
- 1 Sleeping Sheet (or Sleeping bag liner)
- Any Medication

Extra Suggested Items:

- Pens, paper



- Prescriptions Glasses, Extra Contact lenses and solution,
- Garbage Bag and 3 Ziploc bags
- Money Belt
- Digital Camera and case.

### **Student behavior and our safe tour policy**

Every student has the right to always feel safe while on any tour. Our staff are chosen from the very best in the travel, camping and tourism industry. Our hope is to have flawless trips where no tough situations arise. In the case of a problem arising, our risk management protocols will be implemented to support everyone involved. Every situation will be different. Bullying, verbal or physical abuse towards staff or any other student will not be tolerated. Students who do not follow these obligations can be sent home without refund.

### **Insurance**

Comprehensive travel insurance is available for purchase at an additional cost

**PLEASE NOTE. ALL INSURANCE PRODUCTS ARE SUBJECT TO THE POLICIES FOUND IN THE INSURANCE POLICY HANDBOOK.**

**You can find the insurance policy booklet on this website:**

<https://www.studentkind.com/documents/TIPS%20Youth%20Travel%20Policy.pdf>



**EVOLVE Tours**  
**Registration Package Checklist**

Please make sure that you read over this package carefully and fill in and sign all of the forms. This package is important information for our tour directors and main office to have on file.

- Tour Member Information
- Tour Member Waiver
- Medical Form
- Code of conduct agreement
- Copy of Passport



<p><b>Write Your Name (In bold, as it appears on your passport):</b></p> <p style="text-align: center;">&gt;&gt; <span style="float: right;">&lt;&lt;</span></p>		
Date of birth:	Age:	Phone:
Current address:		
City:	Province/State:	Postal/ZIP Code:
Home Phone:	Cell Phone:	Email:
Family Doctor:		Health Card number:
Country of Origin of Passport:		Passport Number:
<b>PARENTS/LEGAL GUARDIAN Information</b>		
Name:		Position and Company:
Current address:		
City:	Province/State:	Postal/ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Email:	Other Contact Info:	
<b>Emergency Contact</b>		
Name:		
Address:		Phone:
City:	Province/State:	Postal/ZIP Code:
Relationship:		
Home Phone:	Cell Phone:	Work Phone:
Email:	Other Contact Info:	

In Consideration for Evolve Tours ("Evolve") providing this tour, I hereby apply for enrollment of my son or daughter on the Malaysia trip subject to the following terms and conditions (the "Terms and Conditions" or "Agreement" found on the next page of this document):

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Tour Member

\_\_\_\_\_  
Date



## TERMS AND CONDITIONS

**Travel arrangements and Rules:** I authorize Evolve Tours and its representatives to make any arrangements, accommodations, rules and regulations they may deem advisable, in their discretion, for the well-being and welfare of Tour Members.

**Dismissal and departure:** The Tour Member is expected to comply with all Evolve rules and regulations. Evolve reserves the right to dismiss any Tour Member from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts him or herself in a manner detrimental to the program. If a Tour Member is dismissed or departs from the Evolve Tours program for any reason, no refunds will be granted. I am responsible for all costs of early departure, whether for medical reasons, dismissal, personal emergencies or otherwise. These costs include, but may not be limited to: medical evacuation; medical treatment; plane or travel fare; and meals, accommodations, compensation and expenses for staff who may accompany the Tour Member.

**CANCELLATION (must be by written notice to Evolve Tours):** To secure a spot payment must be made in full. Period before departure- cancellation charge: more than 63 days before third party hold/penalty premiums only; 63 to 35 days before the greater of hold charges or 60% of total invoiced departure tour cost; 34 to 13 days before 90% of total invoiced departure tour cost; 12 days before 100% of total invoiced/ departure to departure tour cost date or afterwards.

**MEDICAL TREATMENT:** I hereby agree that if the Tour Member is injured or becomes ill during the program, Evolve Tours may, at my cost arrange or supply medical treatment, evacuation or any other emergency services as Evolve Tours deems necessary or appropriate for the Tour Member's safety and well being.

**INSURANCE -** Where I have obtained travel insurance for the Tour Member through Evolve, I acknowledge that I am satisfied with the levels of insurance arranged for the Tour Member by Evolve. One of the types of insurance available is generally called comprehensive insurance. It is comprehensive because it covers a variety of risk areas. As well as providing emergency "out of country" medical insurance during the actual travel program, it also provides cancellation insurance prior to the program (for medical reasons), trip interruption insurance, flight accident insurance and baggage insurance. If you do not wish to enroll your son or daughter in a comprehensive insurance package there are two more options available: You can purchase the "out of country" emergency medical coverage component of the comprehensive package we offer at a later date before travel or elect not to purchase either type of insurance.

**Lost, Stolen or Damaged Property:** Evolve Tours and its representatives shall not be responsible for the Tour Member's lost, stolen or damaged personal belongings.

**PHOTO/VIDEO/WITTEN STATEMENT RELEASE:** I hereby authorize and give full consent to Evolve Tours to copyright or use all photographs, videotapes and films in which the tour member appears or any written statements that the tour member makes while enrolled in any and all of their programs and trips. I further agree that Evolve may transfer, use, or cause to be used these photographs, videotapes, films and statements for any and all exhibitions, public displays, publications, commercials, art and advertising purposes without limitation or reservation.

**PRICES AND SURCHARGES:** Evolve reserves the right to impose surcharges due to unfavourable changes in exchange rates, increases in fares or other transportation costs, increases in local operator costs, taxes, or if government action should require us to do so.

**Severability:** In the event that any term or condition contained herein is unenforceable or void by operation of law or as being against public policy or for any other reason, then such term or condition shall be deemed to be severed from this Agreement or amended accordingly only to such extent necessary to allow all remaining Terms and Conditions to survive and continue as binding.

**Successors and assigns:** These Terms and Conditions shall inure to the benefit of and be binding upon the Company and the Tour Member and their respective heirs, legal personal representatives, successors and assigns.

**Applicable law and venue:** I understand that this application and all aspects of my child's relationship with Evolve Tours will be governed by the laws of the Province of Ontario. Furthermore, any lawsuit or legal proceedings of any kind may only be filed in Toronto, Ontario, Canada.

**No Handwritten Changes:** I hereby agree not to make or allow to be made any handwritten changes to these Terms and Conditions and recognize that the presence of handwritten changes shall make this Agreement null and void.

**Completion and permission to participate:** I have accurately completed this Application and have read, understand and agree to the Terms & Conditions outlined above. I hereby give permission for my child to participate in all Evolve Tours program activities whether conducted by Evolve Tours staff or Evolve Tours's outside contractors. This Application shall be binding only when a signed copy, together with the above-mentioned deposit, has been received by Evolve Tours at the address below and then reviewed and executed by Evolve Tours:

## **RISK AND RESPONSIBILITY**

You are going to participate in activities higher in risk than most people encounter in their daily routine. For your personal safety and the well being of all participants in your course, you should start thinking about the importance of safety now. During the course, your instructor will frequently discuss with you the basic rules of wilderness safety and train you in the proper use of equipment, safety systems and procedures. However, it is impossible to eliminate all hazards or to guarantee against all risks. As a member of an adventure group, you must promote personal responsibility for your own safety and the safety of the other participants on your course by following instructions, acting prudently, and exercising good judgment. To emphasize these critically important points, we ask that you (and for those of you under the age of 18, your parents or guardian) read, sign and return to us the following description of activities and the acknowledgement of risk.

Although Evolve Tours has taken reasonable steps to provide you with appropriate equipment and skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your equipment, accidental injury, illness or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of these activities and risks.

As a participant on a Evolve Tours Malaysia Trip, you may, but are not limited to participation in the following activities: transportation to and from course area by bus, van, jeep; cooking over gas stoves or fires; eating food prepared by local villagers; sleeping in the outdoors; drinking water treated with iodine, boiled, filtered or should you choose, untreated; carrying your own gear and equipment needed by your crew; hiking across rugged terrain, scrambling, balancing and climbing over rocks and along trails; crossing streams; performing daily strenuous activities for long periods of time; being exposed to rain, lightning, heat, cold, dryness, high altitudes, rock slides, falling rocks; living among trees, insects, wild plants and animals and possible natural hazards, risks and dangers inherent in wilderness environments. You may also be in remote areas, hours away from hospitals or other emergency medical facilities. Your Evolve Tours staff will be your primary care provider in the field and will make all decisions about the need for emergency evacuations. You, your staff and your group will make all decisions in the wilderness setting, thereby facing risk associated with group and individual judgment and error.

All the above activities have inherent risks but not limited to serious burns, falls, bites, broken bones, dislocations, contusions, sprains, spinal injuries, concussions, frostbite, hypothermia, drowning, sunburn, disease, infections, cardiac arrest, strangulation, exhaustion, dehydration, chest and abdominal injuries, and psychological trauma. Your instructor, is trained and equipped to be your only care provider in the field. They will make decisions about the need for care and emergency evacuations. You therefore face risk associated with group and individual judgment and error.

## WAIVER AND RELEASE

Return

In CONSIDERATION for the trip being offered by 2053720 Ontario Inc. O/A Evolve Tours (hereafter "Evolve"), I hereby represent and warrant that I am the parent or legal guardian for (INSERT TOUR MEMBER'S NAME) \_\_\_\_\_ and I recognize on his/her behalf (for the purposes hereof, the tour member and I shall be collectively referred to as the "Releasor") that the Evolve trip in which the Releasor has elected to participate (the "Trip") is designed for adventure travel and therefore carries with it serious inherent risks including, but not limited to: the hazards of traveling by a variety of means, often over uncertain terrain, the dangers of adventure activities, the risk of accident or illness in remote locations without medical facilities, the dangers of wild animals, forces of nature, acts of God, extreme weather conditions, physical exertion, evacuation difficulties, and unforeseen delay. The Releasor represents and warrants that he/she is fully informed of these and other risks inherent to the Trip. The Releasor further represents and warrants that he/she is voluntarily participating in the Trip and hereby assumes all risk of death, injury, illness, or any damage, loss or theft of any personal property. The Releasor hereby releases and discharges Evolve and its officers, directors, shareholders, affiliates, employees, agents, representatives, successors and assigns from any and all claims or causes of action arising out of the Releasor's participation in the Trip, except for those claims arising out of Evolve's gross negligence or willful misconduct.

**THE RELEASOR AGREES AND ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTANDS THAT IT IS A RELEASE OF ALL LIABILITY. The Releasor hereby affirms that he/she has sought or declined to seek independent legal advice with respect to this Waiver and Release. IN ADDITION, THE RELEASOR HEREBY WAIVES ANY RIGHT THAT HE/SHE MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR DEATH, INJURY OR LOSS OF ANY KIND AGAINST EVOLVE or its affiliates, employees, agents, representatives, successors and assigns FOR NEGLIGENCE OR ARISING OUT OF OR RELATING TO THE RELEASOR'S PARTICIPATION IN THE TRIP EXCLUDING GROSS NEGLIGENCE OR WILFUL MISCONDUCT. THIS WAIVER AND RELEASE SHALL BE BINDING ON THE RELEASOR AND HIS/HER PERSONAL REPRESENTATIVES, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tour Member

\_\_\_\_\_  
Date

**MEDICAL FORM**

**RETURN**

Full Name: _____	Trip Name: _____
Male: _____ Female: _____	Birth date (mm/dd/year): _____ / _____ / _____
Age as of July 30, 2012: _____	Height mts / feet (specify): _____
Address: _____ _____	Weight kgs/ lbs (specify): _____
Home phone: ( _____ ) _____	City/State/Postal/Zip: _____
Family physician: _____	Business phone: ( _____ ) _____
Address: _____	Phone: ( _____ ) _____
In case of emergency contact: _____	City/State/Postal/Zip: _____
Relationship: _____	Address: _____
Home phone: ( _____ ) _____	Business phone: ( _____ ) _____

Signature Required Below: *Section 1:* I hereby give consent to attend a Evolve Tours (ET) trip, and I hereby grant permission for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. *Section 2:* I understand that the program can be physically and/or mentally challenging. I understand all medical information will remain confidential. *Section 3:* I understand that many students with a variety of medical/psychological difficulties can successfully complete the trips, but that ET must be aware of these conditions for my benefit, in advance. Failure to disclose such information could result in serious harm to me and/or my fellow students. *Section 4:* If I arrive at the trip with a pre-existing condition or injury which is not indicated on my medical form, and I am subsequently forced to leave the trip because of that condition, I will be charged an evacuation fee and will not receive any refund of tuition.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Directions:** Fill in every blank. Use additional pages for explanations as necessary.

**Conditions and Symptoms:** Do you have now, or have had in the past, any of the following symptoms?

	Y	N		Y	N		Y	N
1. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	23. Circulation problems	<input type="checkbox"/>	<input type="checkbox"/>	48. Foot Problem	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	24. Active bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	49. Currently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	25. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	50. Special Diet	<input type="checkbox"/>	<input type="checkbox"/>
4. Irregular heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	26. Head injury	<input type="checkbox"/>	<input type="checkbox"/>			
5. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	w/neurological impairment			51. Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent exposure to active TB	<input type="checkbox"/>	<input type="checkbox"/>	27. Stomach ulcers	<input type="checkbox"/>	<input type="checkbox"/>	52. Medical Equipment Devices	<input type="checkbox"/>	<input type="checkbox"/>
7. History of TB	<input type="checkbox"/>	<input type="checkbox"/>	28. Intestinal problems	<input type="checkbox"/>	<input type="checkbox"/>	53. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Positive TB test	<input type="checkbox"/>	<input type="checkbox"/>	29. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	54. Chest Pain / Pressure at rest	<input type="checkbox"/>	<input type="checkbox"/>
9. Active hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	30. Heatstroke	<input type="checkbox"/>	<input type="checkbox"/>	55. Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
10. History of hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	31. Bladder infection	<input type="checkbox"/>	<input type="checkbox"/>	56. Unexplained Sweating	<input type="checkbox"/>	<input type="checkbox"/>
11. Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	32. Difficulty urinating	<input type="checkbox"/>	<input type="checkbox"/>	57. Frequent Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
12. Seizure w/in the past year	<input type="checkbox"/>	<input type="checkbox"/>	33. Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	58. Frequent Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
13. Bleeding disorder/anemia	<input type="checkbox"/>	<input type="checkbox"/>	34. Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>	59. Frequent Fainting	<input type="checkbox"/>	<input type="checkbox"/>
14. Blood disorder/anemia	<input type="checkbox"/>	<input type="checkbox"/>	35. Endocrine problems	<input type="checkbox"/>	<input type="checkbox"/>	60. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>
15. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	36. Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	61. Muscle Cramps	<input type="checkbox"/>	<input type="checkbox"/>
16. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	37. Vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	62. Intolerance to warm temperatures	<input type="checkbox"/>	<input type="checkbox"/>
17. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	38. Motion sickness	<input type="checkbox"/>	<input type="checkbox"/>	63. Intolerance to cold temperatures	<input type="checkbox"/>	<input type="checkbox"/>
18. Anorexia nervosa	<input type="checkbox"/>	<input type="checkbox"/>	39. Sleep walking	<input type="checkbox"/>	<input type="checkbox"/>	64. PMS or menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
19. Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	40. Broken bones	<input type="checkbox"/>	<input type="checkbox"/>			
20. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	41. Neck problems	<input type="checkbox"/>	<input type="checkbox"/>			
21. Skin Problem	<input type="checkbox"/>	<input type="checkbox"/>	42. Back problems	<input type="checkbox"/>	<input type="checkbox"/>			
22. Frostbite	<input type="checkbox"/>	<input type="checkbox"/>	43. Arm problem	<input type="checkbox"/>	<input type="checkbox"/>			
			44. Shoulder problem	<input type="checkbox"/>	<input type="checkbox"/>			
			45. Knee Problem	<input type="checkbox"/>	<input type="checkbox"/>			
			46. Ankle Problem	<input type="checkbox"/>	<input type="checkbox"/>			
			47. Leg Problem	<input type="checkbox"/>	<input type="checkbox"/>			

If you marked YES for any of the conditions please provide details and date of the condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medication:** List all medication currently being taken. Please bring a copy of your prescription or the prescription bottle along with two extra doses of each medication.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Allergies:** List all allergies below. All allergy medication is required on trip.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Special Dietary Requirements:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Personal History:**

**Lifestyle:**

Do you use alcohol? Yes:  No:  If yes, how much/how often? \_\_\_\_\_

Do you use tobacco? Yes:  No:  If yes, how much/how often? \_\_\_\_\_

Do you currently have a substance abuse or chemical dependency problem (drugs, alcohol, etc)?

Yes:  No:  If yes, please describe: \_\_\_\_\_

**Swimming Ability:**

Non-swimmer  Cannot swim more than 100 yards (4 pool lengths)

Strong swimmer  Possess current lifesaving certificate

**Signature Required Below:** The information provided above is a complete and accurate statement of the physical and psychological factors, which may affect my participation in a Evolve Tours ET Trip. I realize that the failure to disclose such information could result in serious harm to fellow tour members, and myself and agree to indemnify and hold ET faultless if all relevant information is not disclosed. I also agree to notify ET should there be any change in my health status prior to beginning my trip. I understand that during my participation in a ET trip, ET has taken precautions to provide equipment and qualified instructors for each trip, it is impossible to guarantee absolute safety. I assume responsibility for my safety on the trip and I agree to comply with the instructions and directions of ET staff members during the trip.

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Applicant's Signature

Date

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PARENT'S SIGNATURE (if child is under 18)

Date

## CODE OF CONDUCT AGREEMENT

RETURN

I understand that my attitude and behavior are critical to the success of this trip. Therefore, for the good of this trip, as well as my fellow group members, I agree to abide by the following:

- I will respect the places and the people with whom I come in contact.
- I understand that the use of alcohol, cigarettes or drugs will not be tolerated, and that usage during the trip will result in my removal from the trip.
- I will be responsible for my personal belongings and equipment and will not hold Evolve Tours (ET) responsible for their loss or damage due to my negligence or neglect.
- I will treat equipment, property, the accommodation's property, contractor's property and equipment provided by ET with care. I understand that I will be assessed for damages of the things in the event that my use of such is negligent or abusive.
- In recognition of and respect for the other participants I will refrain from use of profanity while on the trip.
- I realize that my participation is voluntary and I am prepared to try my best, engage in new activities, work as part of a group and follow instructions, especially where safety is concerned.
- I recognize that I must comply with the procedures and practices as explained by instructors or signage. Tour members who, through misconduct or unsafe practices, pose a danger to themselves or others may be removed from trip.
- While staying in any ET facility before, during, and/or after any ET trip, I understand that I must comply with all procedures and regulations as outlined within the ET Enrollment Packet. This includes and is not limited to zero tolerance for smoking, drugs, and alcohol.
- I understand that I am not permitted to enter a Hotel Room (or any accommodation room) occupied by Tour members of the opposite sex.
- I understand that all costs or charges involved in my removal or voluntary withdrawal from trip due to misconduct will be my responsibility.
- I will not bully or take part in any bullying against any other tour members, the result in doing so may result in my dismissal from the trip with no refund.
- I will not physically or verbally abuse any other tour member on the trip the result in doing so may result in my dismissal from the trip with no refund.
- Any incriminating pictures found on websites such as instagram.com, facebook.com or any other file or information sharing sites will result in dismissal from trip and if found post trip, further charges may result.
- I will not bring any illegal items in my luggage or pack any item listed on the "Do Not Pack List" bringing anything mentioned above will result in immediate confiscation. All confiscated items no matter of what value will be donated to charity.
- Evolve Tours does not actively condone nor promote sexual activity amongst tour members. Evolve Tours staff will discourage activity if they feel it is affecting group dynamics or is destructive or hurtful. If sexual activity occurs, ET is not responsible for the result of pregnancy or any other related results from this activity.

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TOUR MEMBER SIGNATURE

Date

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PARENT'S SIGNATURE

Date



Name of Student:	Current Address:
Date of Birth (mm/dd/yy):    /    /	

***Travel Insurance***

Please indicate if you would like to purchase Travel Insurance for your son/daughter.  
**PLEASE WRITE A SEPARATE CHECK TO "EVOLVE TOURS" IF YOU WANT INSURANCE & HAND IT IN WITH YOUR REGISTRATION FORM. Students must be a resident of Canada.**

Premier Trip Cancellation/Interruption Plan                      \$97.00

**PLEASE NOTE. ALL INSURANCE PRODUCTS ARE SUBJECT TO THE POLICIES FOUND IN THE INSURANCE POLICY HANDBOOK.**

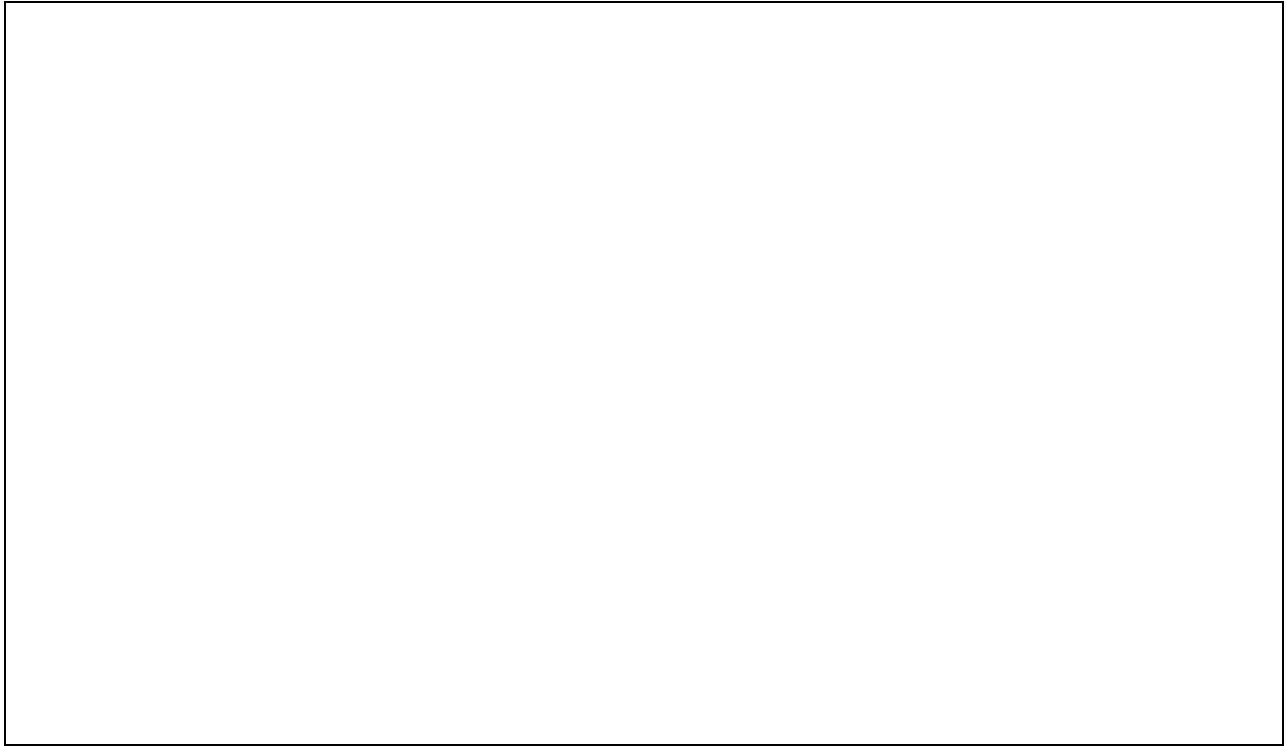
**You can find the insurance policy booklet on this website:**

<https://www.studentkind.com/documents/TIPS%20Youth%20Travel%20Policy.pdf>

**Photocopy of Passport**

RETURN

**PLEASE ATTACH A CLEAR AND LEGIBLE PHOTOCOPY OF THE STUDENT'S PASSPORT**



NAME: \_\_\_\_\_  
                    FIRST  MIDDLE  LAST