

MEDICAL WAIVER FOR GORILLA TREKKING

	, acknowledge that I have been advised by Globa
Travel Marketing, Inc. ("The Africa Adventur	re Company"), that my gorilla/chimpanzee trek is very
strenuous, takes place at high altitude and in r	emote areas far away from medical aid. I have been
requested by The Africa Adventure Company	to have a physical examination by a physician prior to
departing on my trek, but I have declined to h	ave such examination. As a condition of my participation
on this trip, I understand and agree that if I tre	k I will do so at my own risk. I agree not to hold The
Africa Adventure Company liable for any con	sequences of the trek, including but not limited to, any
illness, injury or death that I may suffer during	g the trek. I further understand that medical aid may be
unavailable during the course of my trek, evad	cuation to any medical facility difficult and lengthy, and
agree not to hold The Africa Adventure Comp	pany liable for any injury, illness or death suffered as a
result of the unavailability of, the quality of, of	or delay in medical aid in the course of my trek.
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Signed:	
Dated:	
Witness:	



