



AMERICAN FOUNDATION  
for CHILDREN with AIDS

active earth  
Adventures



# Climb Up So Kids Can Grow Up

## Secret South—New Zealand

### General Information

#### Adventure Information

Trip Name \_\_\_\_\_ Start Date \_\_\_\_\_

#### Applicant Information

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip /Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

#### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

If you are treated regularly by a doctor, please include their name and contact information:

\_\_\_\_\_

#### Requests

Dietary Restrictions:  None  Vegetarian  Other (please specify)

\_\_\_\_\_

**American Foundation for Children with AIDS**

1520 Greening Lane, Harrisburg, PA 17110

[www.AFCAids.org](http://www.AFCAids.org)

717.489.0206

[info@AFCAids.org](mailto:info@AFCAids.org)

# Health & Fitness Information

## All Adventurers....

Date of Birth _____ Gender _____ Height _____ Weight _____ Blood type _____
What is your general state of your health? _____
Are you pregnant? _____ If so, how many weeks? _____
Do you have a history of asthma or exercise-induced asthma? _____ If so, do you use an inhaler? _____
Do you have back or knee problems? _____ Please describe _____
_____
List any physical limitations or medical conditions that might restrict your ability to fully participate in this adventure: _____
List any medications you will be taking on the trip, dosages and counter indications: _____
_____
_____
List any food, drug or other allergies: _____
Do you have any heart or respiratory problems? Are you a diabetic? Please elaborate. _____
_____
Do you have any physical or mental limitations, handicaps or prosthesis? _____
_____
Do you have any medical illnesses, disabilities or infirmities that have required the regular care of a doctor?
_____
_____

## Outdoor Experience

Describe your outdoor/mountaineering experience:
_____
Describe your fitness program:
_____
Have you ever had frostbite or cold-related injuries? <input type="checkbox"/> No <input type="checkbox"/> Yes (please describe)
_____
_____

# Terms and Conditions

The following are the terms and conditions established for Climb Up So Kids Can Grow Up, as offered by American Foundation for Children with AIDS (AFCA) and Hiking New Zealand:

## **Inclusions:**

Accommodations in rooms or tents as indicated in the itinerary; meals as indicated in the itinerary; arrival and departure ground transfers and all other land transport except when personal changes outside of the group itinerary are made; entrance fees to national parks and other applicable fees.

Services of licensed professional English speaking guides, trained cooks, and sufficient crew for carrying client luggage, food, and camping equipment; filtered and purified water.

## **Exclusions:**

Costs of passports and visas; excess baggage charges; travel/cancellation/medical insurance; vaccinations; international airfare; domestic airfare; personal travel insurance; airport departure taxes; sightseeing; meals not listed in each itinerary; personal expenses such as beverages, laundry; tips; postage; personal clothing and other items of personal nature; communication charges, medical or extra evacuation fees, and gratuities.

Additional transportation, accommodations, meals, or emergency evacuation (and/or emergency search charges), necessitated and incurred by a client unable to continue a planned itinerary due to illness, health or other factors not otherwise impacting the whole expedition. Meals, transport costs, entrance fees, accommodation costs or other expenses not outlined in the itinerary.

Additional transportation, accommodations, and meals necessitated and incurred by a client unable to continue a planned itinerary due to force major, acts of God or other factors otherwise impacting the whole expedition.

## **Registration, Payment and Cancellations:**

In addition to a completed registration and this application, there is a \$500 non-refundable registration fee per person to reserve your spot on the team. Please enclose a check with your registration, made out to AFCA (your name on the memo line —New Zealand) or pay with a credit card at [www.AFCAids.org](http://www.AFCAids.org) (your name—New Zealand in the comment section).

Cancellations must be received in writing by the date indicated on the website, and depending on when the cancellation is made, it may be subject to an administrative fee. Registration fees are non-refundable. A \$30 fee will be assessed for all NSF checks.

## **Hiking New Zealand and AFCA Responsibilities:**

Hiking New Zealand is an agent providing trip services and/or related travel services and assumes no responsibility whatsoever for injury, personal illness, loss or damage to person or property in connection with any service resulting directly from: act of God; detention; annoyance; delays; expenses arising from quarantine; strikes; thefts; pilferage; force major; failure of any means of conveyance to arrive or depart as scheduled; civil disturbances; and discrepancies or changes in hotel services over which it has no control. Furthermore, each of the companies providing services to Majestic Peru clients is an independent corporation with its own management and is not subject to the control of Majestic Peru.

Hiking New Zealand and the American Foundation for Children with AIDS (AFCA) may not be held liable for non-performance by the other.

Baggage and personal effects are at owners risk throughout the trip. Hiking New Zealand will take every care with clients' baggage and property, but it is not liable for loss, damage or delayed delivery.

Hiking New Zealand and AFCA reserve the right to cancel the itinerary or any part of it, or to make such alterations to the itinerary when deemed advisable for the comfort and safety of clients.

# Signed Agreement

Hiking New Zealand and AFCA draw your attention to the fact that there are certain inherent dangers involved with adventure travel and the client accepts them at his/her own risk.

On advancement of registration fee to the American Foundation for Children with AIDS and by signing below, the client agrees to the above stated terms and conditions.

Hiking New Zealand and AFCA also require a pre-trip voluntary release (waiver) form to be read and signed by all trip participants (or parent/guardian if minor) prior to departure.

I have read and agree to all terms and conditions and have disclosed all medical issues I have to the American Foundation for Children with AIDS and Active Earth Adventures, as stated above.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Registration for your participation is complete when we have received both your completed application form acknowledging all terms and conditions and your registration fee. Upon receipt of your form and fee, we will send you confirmation of your registration.

Please fill out, print and sign the form (no electronic signatures, please) and then, either scan and email or post to Tanya Weaver at AFCA ([info@AFCAids.org](mailto:info@AFCAids.org)).

AFCA  
1520 Greening Lane  
Harrisburg, PA 17110

**THANK YOU!!**