Tour Participation Form
Sharrscape – Via Dinarica Kosovo
Personal Information
Full Name: _____
Date of Birth: _____ Age: __
Nationality: _____
Passport/ID Number: _____
Address: _____
Phone Number: _____
Email: _____
Emergency Contact
Name: _____
Relationship: _____
Phone Number: _____
Health & Fitness
Do you have any medical conditions we should be aware of? ■ No ■ Yes → Please specify: _____
Are you currently taking any medication? ■ No ■ Yes → Please specify: _____
Dietary restrictions / allergies: _____
Tour Information
Tour Name: _____
Tour Dates: From _____ To _____
Accommodation preference: ■ Single ■ Shared
Agreement
I confirm that:
- I am physically fit to participate in this tour.
- I will follow the guide's instructions at all times.
- I understand that the itinerary may change due to weather or safety reasons.
- I release Sharrscape from liability for injuries, accidents, or loss of personal items.

Signature: _____ Date: _____