

Tour Participation Form Sharrscape – Via Dinarica

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:

Only Shared

Agreement

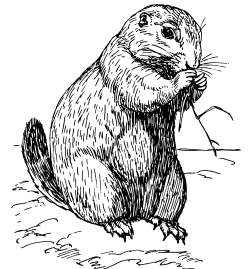
I confirm that:

I am physically fit to participate in this tour.

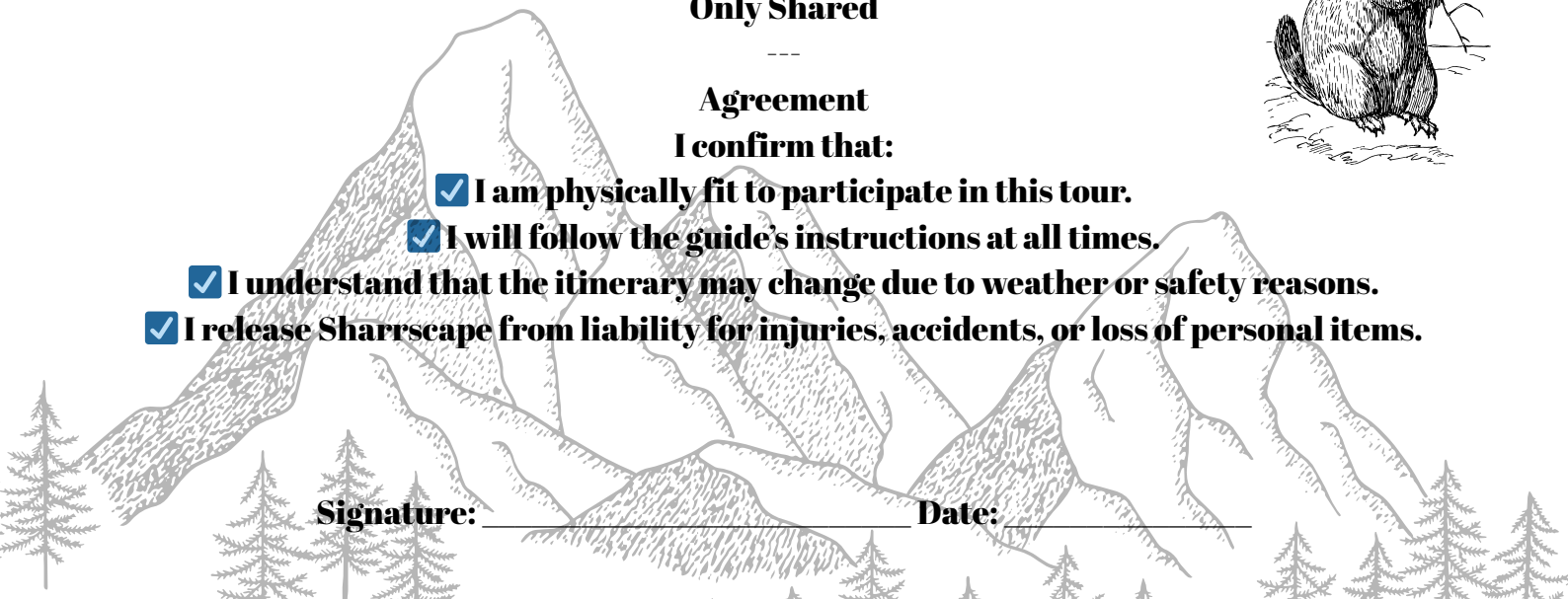
I will follow the guide's instructions at all times.

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: _____



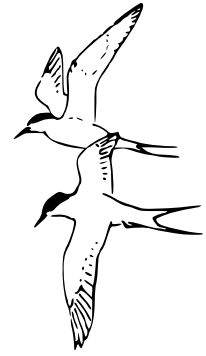
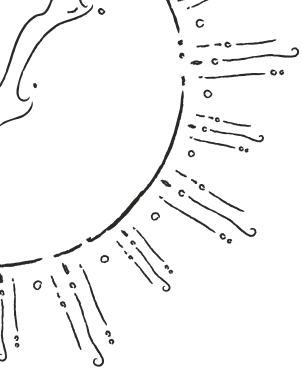


Photo & Video Consent Form

Company/Organization: Sharrscape
Tour/Activity: _____

Dear participant,

During our hiking tours, we often take photos and videos to capture the experience. These images may be used on our website, social media channels, or promotional materials to share the beauty of our tours with others.

By signing this form, you agree that:

Sharrscape may take photos and/or videos of you during the activity.

These images may be used for marketing purposes (website, social media, brochures, etc.).

The photos/videos may be edited (cropped, color adjusted, etc.) but will always be used respectfully.

You will not receive financial compensation for the use of these images.

You have the right to withdraw your consent at any time by contacting us at:

✉ Email: scapesharr@gmail.com

☎ Phone/WhatsApp: +383 49 448 345

Consent

- Yes, I give my permission to be photographed/filmed and for my images to be used for promotional purposes.**
- No, I do not give my permission to use photos or videos of me.**

Full Name: _____

Signature: _____

Date: _____

