



## 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: \_\_\_\_\_

