

**Application for Tour at The Casa de Dom Inácio in Abadiânia, Brazil
with Leann Parker Tours of Wellspring Wellness Center, LLC**

This tour is offered as a way to assist and support you in maximizing your experience at the Casa de Dom Inácio in Abadiânia, Brazil. In exchange for the tour fee of \$1390 per adult and \$800 per child under 13, the tour includes:

- ❖ One night lodging at a 5-star hotel in Brasilia
- ❖ Lodging, including three meals per day at your pousada (motel)
- ❖ Transportation to and from the Brasilia airport and Abadiania when traveling with the group
- ❖ Guidance to assist you in attending all sessions with John of God
- ❖ Guidance with Casa protocol and procedures

The tour begins and ends in Brasilia, Brazil. To secure a confirmed reservation on one of the published tour dates, please fill out this application form. Review the attached Terms and Conditions, Liability Waiver and Idaho Disclaimer pages. Sign and date the Application, Terms and Agreements, Liability Waiver page and Idaho Disclaimer. Make a copy of these 4 pages for your records. Return the 4 original pages with your deposit of \$500. Send the 4 signed pages with a check or money order payable to:

Leann Parker, to the following address:
5128 Shalecrest Court Boise, ID 83703

Name _____ E-Mail _____

Day Phone _____ Evening Phone _____

Cell Phone _____ Passport Number _____ DOB _____

Address _____

Person to contact in case of emergency _____ Phone _____

*** I have disabilities which require special support, i.e., wheelchair, oxygen, special diet, etc., during my stay in Abadiania.**

**** Please note, that while Leann Parker will make every effort to ensure the ease and comfort of group members, persons requiring frequent/constant care and attention MUST be accompanied by a personal assistant who is a paid participant of the tour or a hired assistant in Abadiania.**

Please enroll me as a member of the tour for the dates of:_____. I enclose my check or money order for \$500 as a deposit to secure a confirmed reservation on this tour. I understand that \$250 of this deposit is non-refundable unless the tour is cancelled or Leann Parker changes the published tour date. I agree to pay the balance of \$890 30 days prior to departure.

X Signed: _____ **Date:** _____

Liability Waiver

Responsibilities

Included in the tour price are: one night stay in a 5-star hotel in Brasilia, land transportation (between Brasilia Airport and Abadiania in Brazil) when traveling with the group, accommodations, and guide services. All airline arrangements and costs are the responsibility of the participant. The Operator (**Leann Parker and all agents working for Leann Parker**), accept no responsibility for carrier caused delays, schedule changes, sickness or accidents. The participant authorizes the Operator to make such changes as deemed necessary for political, climatic, medical or other reasons, and agrees to pay all associated costs related to such necessity.

It is acknowledged that, while every due care is exercised by the Operator and her agents to ensure the comfort and wellbeing of the undersigned, the responsibility for any loss (including personal injury, death, and/or property loss), accident, misfortune or deterioration of existing medical conditions during or after tour shall always be the responsibility of the tour participant.

Travel Insurance

It is the personal responsibility of the participant to acquire insurance for the full duration of the tour. The minimum insurance required must cover medical and medical transportation. Optional coverage may include loss of luggage and trip cancellation to cover airline tickets and tour fees in case you cannot go on the tour. Please see the section on travel insurance.

Travel and Health Documents

Passports and all travel documents, as well as compliance with customs regulations, are the responsibility of the tour participant and must be paid for by the participant in addition to the tour costs. It is advisable to take photocopies of airline tickets, passport and credit cards and keep them apart from the originals, and leave photocopies at home with family or friends.

It is the personal responsibility of the participant to check with their local Brazilian Consulate to determine if health inoculations are required. It is the responsibility of the participant to choose whether or not to inoculate. The Operator is not responsible for any health conditions or ailments contracted during, or as a result of, the tour.

Itinerary Variations

In unforeseen circumstances the Operator reserves the right to cancel or re-schedule tour schedules or, where it is necessary to change a hotel, we reserve the right to substitute accommodations of a similar standard without refund of either airfares or hotel charges.

Not Included in Your Tour Costs

Insurance, excess baggage, laundry, postage, telephone calls, items of a personal nature, medical expenses, beverages or gratuities are not included in the tour costs. If you arrive or depart at times which are different from the Operator, you are responsible for transportation costs for travel to and from the airport in Brazil.

Payment

An initial deposit of \$500 (\$250 non-refundable) is required to hold your reservation. The balance of \$1,000 is due 30 days prior to departure date. Payment of the deposit or any partial or full payment for this tour constitutes consent to all provisions contained herein.

Other

The Operator is not responsible for any physical, mental, emotional or other reaction, trauma or ailment, including all conditions that may arise from the time the application is submitted, during or after the tour. It is not stated, nor is it implied, that the Operator is a trained medical professional of any kind.

The tour participant acknowledges that at no time did the Operator promise or imply a cure, change or improvement of any kind or degree of the participant's condition. The tour is undertaken at the free will of the undersigned without pressure by the Operator or his agents.

X Signed: _____ Date: _____

TERMS AND CONDITIONS

STANDARDS OF CONDUCT

1. I agree to abstain from using alcohol and illegal substances during this tour.
2. I agree to refrain from criticizing, judging or interfering with the experience of other participants.
3. I agree to continue taking all medications prescribed by medical physicians and healthcare practitioners prior to this tour.
4. I agree to bring with me from the United States, or my country of origin, all medical prescriptions and medications prescribed by my doctors and vital to my health and wellbeing. I also agree to hand carry all of these medications with me on board all flights for the prevention of any loss that may occur in the handling and transport of luggage.
5. I understand that failure to comply with item 1, 2, 3 or 4 above may result in my expulsion from the tour and forfeiture of the fees I paid.
6. I agree to follow the rules of the Casa and refrain from traveling to the locations prohibited by the Casa during this tour.

HANDICAPS/DISABILITIES/SPECIAL NEEDS

I agree to take full responsibility to make my own special arrangements prior to, for travel to, from, and during my stay in Brazil for any disability, handicap or special needs I have; i.e., wheelchair, oxygen, special diet, etc.

REFUNDS

Two hundred and fifty dollars (\$250 U.S.) is nonrefundable; however, this amount may be applied to a future tour. All other monies paid toward the tour will be refunded upon request if the request is received in writing 30 or more days prior to the scheduled departure date of the tour. I am aware that I have the option to purchase trip cancellation coverage through a travel insurance company that covers airline ticket and tour fee forfeitures in the case I have to cancel my participation on this tour.

HEALTH AND TRAVEL INSURANCE

I agree to supply proof of health and travel insurance for this tour. As approved Casa tour guides we are required to have each of our tour participants be covered for “medical transportation” and “medical”. Other recommended options are trip cancellation coverage and loss or delay of baggage. You may call Travel Insured International at (800) 243-3174 or Travel Guard at (800) 826-4919.

EMERGENCY INFORMATION

Please list below **all** medical conditions (physical, mental and/or emotional) that you are being treated for by a medical physician or healthcare practitioner. If more space is needed, attach an extra page.

Please list below all medications you are taking that have been prescribed by medical physicians and/or health care practitioners. Also list the medications that have been prescribed by a medical physician but you have chosen not to take.

I agree to all of the above.

X Signed: _____ **Date:** _____