

**For official use only**

Today's Date \_\_\_\_\_ License No.: \_\_\_\_\_ F.O.P: \_\_\_\_\_

**Humanitarian Trip Application**

PO Box 546135 Miami, FL 33154 • Tel: 305-884-0441 • Fax: 305-260-4214

**BACKGROUND INFORMATION**

Today's Date \_\_\_\_\_ Region Visiting: \_\_\_\_\_

Tentative Trip Dates \_\_\_\_\_

Phone :(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**The Following information should be listed EXACTLY as it appears on your passport.**

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

Home Address \_\_\_\_\_ Apt.: \_\_\_\_\_

Country: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

Country: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Additional Questions:**

How many times have you traveled from the US to Cuba? \_\_\_\_\_

When was the last time you went to Cuba for missionary purposes? Which license did you use?  
\_\_\_\_\_

What is your reason for traveling to Cuba?  
\_\_\_\_\_  
\_\_\_\_\_

Check those you need assistance with:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Itinerary  | <input type="checkbox"/> Transportation | <input type="checkbox"/> Guide               |
| <input type="checkbox"/> Translator | <input type="checkbox"/> Lodging        | <input type="checkbox"/> Flight arrangements |

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**Release of Liability and Agreement**

If I am accepted, I will:

- Adhere to all of the instructions and guidelines given by the license provider regarding my trip, including the delivery of humanitarian aid to specified locations.
- Keep a copy of my travel documents (i.e. Flight ticket, authorization letter, etc.) for 5 years, should the authorities make an investigation.
- Be responsible and prompt with all stated financial aspects related to my trip.
- Participate in filling out a post trip report for the license provider.
- Wholeheartedly cooperate with staff, personnel and representatives in the U.S. as well as Cuba.

In consideration for being accepted and allowed to participate in this project and activities associated with its programs and locations, I personally assume responsibility for my actions, and release the license provider and any associated groups or ministries, their board members, employees and missionaries from loss, injury or damage to myself or my property; provided that nothing contained herein shall excuse the license provider and any associated groups or ministries, their board members, employees and missionaries from the responsibility to act with reasonable care for the safety of myself or my property.

**Disclaimer**

Please be advised that Cuba is a Communist country. We cannot anticipate or control actions by the Cuban government and cannot reimburse you for Cuban government actions such as deportation.

I \_\_\_\_\_, have read the above Release of Liability & Agreements and Disclaimer and fully understand the risks involved with Cuba travel. Therefore do not hold this organization or any of its affiliates responsible for any cost incurred as a result of unanticipated actions by the Cuban government.

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

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