



**GYUTO'S 600th CELEBRATION & H.H DALAI LAMA TEACHINGS**  
**October 30th - November 8th 2019**

Please complete and return this signed pilgrimage application form and enclose a \$500 deposit by Check to secure your place on the tour. Please also include a copy of your valid passport 'photo' page with your application and mail it to the following address.

Please check: Enclosed is my deposit check

*Your deposit will be part of the payment.*

Thupten Donyo  
**Delek Children's Foundation**  
5600 Sutter Avenue,  
Richmond, CA 94804

Tel: (510) 674-6000 / (510) 926-3050

Email: [office@delekcf.org](mailto:office@delekcf.org)

[www.delekcf.org](http://www.delekcf.org)

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

Address: \_\_\_\_\_  
\_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: (Day) (     )     )

(Eve.) (     )     )

Email: \_\_\_\_\_

We would like to know if you are a doctor or nurse in case we need help during the trip.  
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Accommodation: Check of the following:

- Rooming with:
- Willing to share room
- Prefer single accommodations at extra cost

Any personal request?

**IMPORTANT:** In case of emergency please notify: \_\_\_\_\_

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

Phone: (     )     ) \_\_\_\_\_

(Eve.) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_  
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**Travel Insurance:** We strongly recommend that you purchase trip cancellation insurance. This insurance protects your deposits and payments, should you cancel your trip due to personal or family emergency. All participants must carry adequate insurance to cover accidents, health, emergency evacuation, loss or damage to baggage's and personal effects.

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## Release and Assumption of Risk

I am aware that travel, whether in civilized or remote areas and whether by plane or auto, contains some inherent risks of illness, injury or death, which may be caused by negligence of others, forces of nature, or other agencies known or unknown. I recognize that such risks may be present at any time before, during, and after the trip that I am participating in under the arrangements of Venerable Thupten Donyo and his agents. I am also aware that medical services or facilities may not be readily available or accessible during the trip. In consideration of and as part payment for the right to participate in the trip and activities, services and food arranged for me by Ven. Thupten Donyo and his agents or associates in connection with the trip, I have and do hereby fully assume all risk of illness, injury or death, and hereby release and discharge Ven. Thupten Donyo and his agents and associates from all actions, claims or demands for damages resulting from my participation in the trip. I agree that the foregoing obligation shall be binding upon me personally. I am aware that this is a release of liability and a contract between me and Ven. Thupten Donyo, and affiliated organizations, and sign it of my own free will. I also acknowledge that I have carefully read information including his policy on canceled trips and refunds, and agree to all stated conditions set forth in the booking information.

Additionally, by signing my initials I agree to the following:

\_\_\_\_\_ I will respect the tour itinerary and its schedule and remain with the group at all times when traveling with the group. If I choose to skip some of the sites to visit other places that are not on Ven. Thupten Donyo's itinerary, I fully assume all risk related to these independent visits and that it is my responsibility to reconnect with the group per the published itinerary.

\_\_\_\_\_ Hotel rooms and room keys are disbursed randomly and I accept that I may not receive the exact room or the floor that I might usually prefer.

\_\_\_\_\_ I give Ven. Thupten Donyo and others on the trip permission to use any photos taken of me during the trip to be used for future Charity Tour publicity.

Your Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for joining the Delek Children's Foundation Charity Tour.

