



We're kicking things off in 2018 with an expedition to Kilimanjaro—the 19,340' volcanic behemoth that rises dramatically from the Tanzanian Savanna. The proceeds from the 2018 Kilimanjaro Expedition will provide orphans in rural Uganda with urgently needed school transportation.

Join us on this 15-day adventure to summit Kilimanjaro, the great roof of Africa. This trek will be led by a team of professional guides, making the ascent via the Marangu route. Along the way, you'll experience diverse ecosystems, from rainforest to alpine desert, while staying in huts throughout the climb.

The 2018 Good Summits expedition will also include an optional visit to a ROWAN-supported village where you can see the impact of your involvement first-hand.

### **Trip Details:**

February 5<sup>th</sup>-Depart the United States

February 6<sup>th</sup>-Arrive in Uganda

February 7<sup>th</sup>-9<sup>th</sup>-Experience the village impacted

February 10<sup>th</sup>-Fly to Tanzania

February 11<sup>th</sup>-Orientation and acclimatization day at base camp

February 12<sup>th</sup>-17<sup>th</sup>-CLIMB KILIMAJARO!!

February 18<sup>th</sup>-Transfer to the airport

February 19<sup>th</sup> or 20<sup>th</sup>-Arrive back home (date will depend on where you are going)

COMMITMENT DATE- August 31<sup>st</sup>, 2017

## **Projected Total Cost Per Person: \$6000**

### **Included:**

- Round trip airfare to Kilimanjaro
- Private ground transportation
- 6 day private, professionally guided climb
- Professional porters throughout the climb
- Optional 4-day cultural immersion in a ROWAN-supported village
- Exclusive “Climb Kit” of high-end outdoor products
- 12 days of accommodations and meals
- Tourism visas

### **Financial Due Dates:**

- \$500 deposit with application
- \$4,000 due by October 31<sup>st</sup> 2017
- Remaining \$1,500 due by January 1<sup>st</sup> 2018

\*Good Summits is under the umbrella of Rural Orphans and Widows AIDS Network. ROWAN has organized this trip.

## Climber Application and Consent Forms

### Climber Application Requirements:

1. Complete, sign and submit a 'Climber Applicant Details' for ROWAN approval, section 1 of this application.
2. Sign and return 'ROWAN Purpose and Condensed Statement of Faith' of this application.
3. Sign and return 'Good Summits Climber Release Form', section 4 of this application.
4. Sign and return 'Travel Insurance Affidavit' to Good Summits, section 5 of this application.

*I acknowledge that I have read and understand all of the above mentioned documents and requirements.*

Email completed application with your signatures to: **lauren@loverowan.com**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Good Summits Climber Application, Section 1, Applicant Details**

Today's Date: MO \_\_\_\_\_ /DAY \_\_\_\_\_ /YEAR \_\_\_\_\_

What is your PASSPORT expiration date? MO \_\_\_\_\_ /DAY \_\_\_\_\_ /YEAR \_\_\_\_\_

Print your Full Name as it appears on your PASSPORT:

\_\_\_\_\_

Date of Birth: MO \_\_\_\_\_ /DAY \_\_\_\_\_ /YEAR \_\_\_\_\_

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

Mail address (if different): \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Circle one:  Home  Cell  Work Best Time to call you: \_\_\_\_\_

Are you travelling with or representing a company on this trip? \_\_\_\_\_

What do you want to gain from this experience? \_\_\_\_\_

\_\_\_\_\_

What training, resources, or support do you anticipate needing to do this volunteer work?

\_\_\_\_\_

Have you ever traveled to a different culture? If so, where and when?

\_\_\_\_\_

Do you believe you can willingly adapt to different/difficult living conditions (i.e. different

language, food, culture, and bathroom facilities)? \_\_\_\_\_

Have you ever been convicted of a crime? [If so, please explain the nature of the crime and the date of conviction & disposition.]

\_\_\_\_\_

### **EMERGENCY INFO**

In case of an emergency, please contact:

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

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ Email: \_\_\_\_\_

List any medical information we should know, in case of emergency (allergies, medications, etc): \_\_\_\_\_

Do you have any physical/health limitations or any special dietary needs?

If yes, please explain. \_\_Yes \_\_No Explain \_\_\_\_\_

### **SIGNATURE**

*I hereby certify that the above information is true to the best of my knowledge.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Good Summits Climber Application, Section 2, ROWAN Purpose and Condensed Statement of Faith**

### Statement of Purpose:

Rural Orphans & Widows AIDS Network, Inc., here after, referred as ROWAN, is a non-denominational, Christian, non-profit organization, serving the orphans and widows of rural Uganda, affected and infected by the AIDS epidemic.

### Condensed Statement of Faith:

We believe in Jesus Christ as our Lord and Savior; that the Bible, both Old and New Testaments, is the inspired and infallible Word of God. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit. We believe in the deity of our Lord Jesus Christ, His virgin birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension, the presence and power of the Holy Spirit, and His personal and eminent return in power and glory.

*By signing the 'ROWAN Statement of Faith' I understand and agree to respect ROWAN's views that govern their practices.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Good Summits Climber Application, Section 4,  
Climber Release Form**

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

TODAY'S DATE: \_\_\_\_\_ ACTIVITY: ROWAN Volunteer in Uganda/Good Summits Climber

AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIL: (if different) \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME/RELATION/PHONE \_\_\_\_\_

**I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZER OF THIS EVENT AND RURAL ORPHANS & WIDOWS AIDS NETWORK, INC. (ROWAN), ITS ASSOCIATIONS AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, CLUBS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS RELEASE IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL VOLUNTEER ACTIVITIES, INCLUDING MISSIONS TRIPS, FUNDRAISERS, REGARDLESS WHETHER OR NOT LISTED ABOVE. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING. I ACKNOWLEDGE THAT TRAVEL OUTSIDE THE UNITED STATES IS AN INHERENTLY DANGEROUS ACTIVITY AND FULLY REALIZE THE DANGERS, AND I FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION.** For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers, property owners, and properties that are in any manner connected with this event, and their respective agents, officials, and employees through or by which the event will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE TO THE MAXIMUM EXTENT PERMITTED BY LAW**, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with this event, or travel to or return from this event. I certify that I have no physical or medical condition which would endanger myself or others if I participate in this event, or would interfere with my ability to safely participate in this event. I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for the expenses (including legal fees) incurred by the Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as a consent to any subsequent waiver or modification. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the event. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

*I have read and understand the above contract.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Good Summits Climber Application, Section 5,  
Good Summits Travel Insurance Affidavit**

I am responsible for the purchase of proper travel health insurance for the duration of my trip with Good Summits. I will send all travel insurance information to Good Summits for their files.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_