

KO-FALEN CULTURAL CENTER APPLICATION & AGREEMENT

(Both pages must be signed and submitted.)

APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Tele \_\_\_\_\_ Email \_\_\_\_\_

Passport No. \_\_\_\_\_ My Flight info is attached \_\_\_\_\_

Emergency Contact outside of Mali \_\_\_\_\_

Medical History

Please list all allergies, medical history that may be of concern. (People w/ asthma, please note that we are on the outskirts of a city. There is air pollution in the city, wood cooking fires in the neighborhood, and dusty roads everywhere.) There are French Clinics that are open Mon-Fri, but they are an hour away from the Center and are not open for emergencies. Please bring proof of prescription with all medicines. Please carry all medication with your carry-on luggage.

Session Attending 2009-10    Session 1 \_\_\_\_\_    Session 2 \_\_\_\_\_    Session 3 \_\_\_\_\_    Session 4 \_\_\_\_\_  
(Dec 7-13)                      (Dec 16-22)                      (Dec 27-Jan 6)                      (Jan 3- 13)

I would like to share a room with name \_\_\_\_\_

We would like (check one)    \_\_\_\_\_ 1 Double Bed    \_\_\_\_\_ 2 Single Beds

We recommend travel insurance to protect against financial loss in case of personal emergency or unforeseen events. You may want coverage for financial insolvency of airlines, cancellations due to risk of terrorism, and medical evacuation coverage. (Global Exchange Tours recommends Travel Insurance Select.) You may find information about them through:

Travel Insurance Services  
2950 Camino Diablo, Suite 300  
Walnut Creek, CA 94596-3949  
1-800-937-1387)

**Ko-Falen Cultural Center** is your home in Mali. Our mission is to create lasting relationships and greater understanding between people through artistic, cultural, and educational exchanges. To this end, we are ambassadors of our respective countries. We ask that you act in a respectful manner during your stay in the Center. We ask that you dress in respect to the surrounding culture (Men: no shorts outside the Center unless you are an uncircumcised boy. Women: no midriff tops, 2-piece swimsuits, shorts, tight-fitting pants, mini skirts. Calf-length dresses or skirts are recommended.) We ask that you refrain from using alcohol and illegal drugs while on the Center's premises. To ensure that we all enjoy a safe and comfortable experience, all unregistered overnight guests will have their sleeping quarters arranged by the Director, Baba Wague Diakite.

KO-FALEN CULTURAL CENTER LIABILITY AGREEMENT

I, \_\_\_\_\_ (full name) am participating in a Ko-Falen Cultural Center Exchange, Session \_\_\_\_\_ Dates \_\_\_\_\_

I understand that I am responsible for having a passport valid for 6 months after my return. I am also responsible for obtaining my Mali visa (must have proof of plane ticket to apply for visa). I am responsible for all travel immunizations and medications (**Updated immunizations**, Yellow Fever, typhoid, malaria meds, *Hep. B recommended*).

I have voluntarily enrolled to participate in the activities of the Ko-Falen Cultural Center. I am aware that the use of transportation, housing, food and other goods and services or activities in connection with participation in the program carries a risk of personal injury and property damage or loss.

I release and discharge Ko-Falen Cultural Center, its members, directors, employees and legal representatives from liability or injury, damage or loss arising out of the arrangement or provision of transportation, housing, food, and any other services of goods involved in the Center's activities. I agree not to sue or make a claim against Ko-Falen Cultural Center or any co-sponsoring organization and its officers, employees, directors and legal representatives for any liability, damage, or loss incurred during or in connection with the Ko-Falen Culture Center. I do not release the above mentioned parties from liability for willful or intentional acts.

I understand that Ko-Falen Cultural Center recommends travel insurance and has provided me with travel insurance information to make an informed decision.

I understand that I am responsible for paying 1/3 of the Session Fee by Aug 31, 2009; a second 1/3 by Sept 30, and remaining 1/3 must be paid by Oct 31. 50% of paid fees are refundable up to Oct 1, 2009. I accept Ko-Falen Cultural Center's right to cancel the trip or to cancel my participation in the trip under reasonable circumstances at any time as long as all money I have paid to Ko-Falen Cultural Center is refunded to me. (Must be a min. of 7 participants for a Session to run.)

I agree to act in a respectful manner while in the country of Mali under the participation of the Ko-Falen Cultural Center.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**Make all checks and payments payable to: Ko-Falen Cultural Center.**  
**Send Application, Agreement & Payments to: 1424 SE Oak**  
**Portland, OR 97214**