



## Indemnity and Waiver of Liability

This form is to be completed by customers as a declaration of the risk of allergic reaction on exposure to specified organic or non-organic constituents which might be present in meals (including special diet meals), consumable fluids, air particles or contaminants, or when in contact with surfaces or materials which are part of aircraft passenger cabin fixtures. **\*\* NOTE\*\*** this declaration does NOT substitute for a MEDIF\* form if so required for customers with medical conditions or for special dietary meal requests\*\* (SPML). Customers who have a prior history of extreme or severe allergic reaction must complete and sign this declaration and submit it to the nearest Qatar Airways office\* no later than 48 hours in advance of the scheduled departure time of the first flight on their booked travel itinerary with Qatar Airways. \* refer to Contact Us at [www.qatarairways.com.qa](http://www.qatarairways.com.qa)

***Qatar Airways will take all reasonable measures to remove potential allergens from your flight. However, due to the presence of other customers on-board, we are unable to gurarantee a cabin environment absolutely free of such allergens.***

Notification Details (to be completed in full)

Personal Information					
Initial		First Name (s)		Family Name	
Date of Birth		Passport Number		Country of Residence	
Email		Telephone (Residence)		Mobile	
Permanent Address					
Emergency Contact Person					
Name		Country		Contact Number	
Flight Details					
Booking Reference		Ticket Number		Flight Date	
Flight Number		Route		Cabin	
Allergy Passport					
Please declare below those items to which the person named in this declaration is known to have a history of hyper allergic reaction:					
Food & Fluids	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Other Allergies	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Please specify other precautions (if any):					
Will you be travelling with a MEDIF* approval?	Yes		No		Please carry with you the necessary medicines. If <b>Yes</b> , provide E Ticket Number: _____
Will you be travelling with an Epi-pen?	Yes		No		
Are you travelling with someone else?	Yes		No		
Did you order a SPML** (Special Meal)?	Yes		No		
Indemnity Declaration: I, _____ (title, initial and family name and in CAPITALS) holder of Qatar Airways E-Ticket Number _____ hereby indemnify and release Qatar Airways from all liability for medical intervention and/or consequential loss or damages sustained as a result of exposure to allergens when travelling with Qatar Airways.					

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*MEDIF: Medical Information Form

\*\* SPML: Please contact our Reservation Office if you want a special meal