

Please complete the following Traveler Information Form and then read and sign the Traveler Participations Form. Please give to your chief Experience Officer/Tour Leader/Guide/Local Representative at the conclusion of your welcome meeting. The information gathered here will help us facilitate a great, memorable and safe adventure for you.

Traveler Information Form

Full name _____ E-mail _____

Tour name, date _____

Passport information

Passport Nationality _____ Expiry _____

Number _____ DOB _____

Travel Insurance *Travel Insurance is compulsory for every Peru Travel & Healing traveler.*

Travel Insurance Company _____

24 Hour Emergency contact number _____

Policy Number _____

Personal Information

Next of Kin _____ Relationship to me _____

Contact telephone number _____

Medical conditions Peru Travel & Healing needs to know about _____

Food Allergies/Diet Request _____

Occupation _____ Marital Status _____

City of Resident _____

Other information: _____

Cellphone number I have with me that may be used to contact me here _____

Traveler Participation Form

Understanding the risk (and reward)

I understand that travelling with Peru Travel & Healing may involve risks (and rewards) above and beyond those encountered on a more conventional holiday, and that I am undertaking an adventure trip with inherent dangers. I understand I am travelling to a geographical area where, amongst other things, , transport, safety, hygiene, cleanliness, telecommunications and infrastructure development may not be of the standard I am used undertaking and have provided details of any pre-existing medical conditions I may have to Peru Travel & Healing representatives. I accept these risks and obligations and I fully assume the risks of travel.

Optional Activities

I understand during my trip there may be opportunities to undertake activities, which did not form part of the itinerary, I understand Peru Travel & Healing makes no representations about the safety or quality of the activity, or the standard of the independent operator running it. I also understand Peru Travel & Healing is no way responsible for my safety should I elect to enter into such optional activities. With full knowledge of the above, I may still elect to partake in the activity, and if I do so, I assume full responsibility for any risks involved, and accept and agree that participations is entirely at my own risk.

UNUSED SERVICES

There will be no discounts or monies refunded for missed or unused services, this includes voluntary or involuntary termination/departure from tour, i.e. sickness, death of a family member etc, late arrival on the tour, or premature departure either voluntary or involuntary.

CHANGE OF ITINERARY

From time-to-time it may be necessary to deviate the itinerary from the one advertised. Any decision on route, itinerary and transport taken will be made by the Tour Leader and will be based on local conditions and/or the safety and wellbeing of the entire group. We will always endeavor to provide an itinerary as similar as possible to the original. However sometimes additional costs are incurred as a result the change, and these costs will be the responsibility of traveler, and not Peru Travel & Healing.

WHAT IF THERE IS AN ISSUE DURING THE TRIP?

Peru Travel & Healing does all possible to ensure we operate an enjoyable and trouble free trip. On occasion there are sometimes things that do not go as smoothly as expected. Should you have an issue with anything, big or small, please discuss this with your Tour Leader/ Guide/Local Representative in the first instance, as they are in the best position to lend assistance. Alternatively please refer to your Trip Details for the local office contact number.

DECLARATION I hereby declare that I have read and fully understand this agreement. I am aware of its legal consequences, and have signed it freely and voluntarily, without any inducement, assurance or guarantee have been made to me, and I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by a law. In signing this form, I fully and forever release and discharge Peru Travel & Healing from any and all cost including. Without limitation, actual legal costs claims, demands; actions causes of action and liabilities whatsoever for any and all losses, damages, death or injuries to persons or loss of property, which may be used sustained by me. I hereby declare that I am of legal age and competent to sign this document, or, if not of legal age that my parent or legal guardian shall sign on my behalf.

Name _____ Date _____ Signature _____