

**ASESORIAS ECONATURAL LIMITADA**

Santiago de Chile.

# Trip Application Form

## HOW TO FILL THIS FORM

This document is divided in 3 sections:

Section 1: Trip Info (1<sup>st</sup> page)

Section 2: Personal Info (1<sup>st</sup> and 2<sup>nd</sup> page)

Section 3: Booking Conditions Agreement (3<sup>rd</sup> page)

1. Provide all the information requested in sections 1 and 2. Also read carefully, sign and date the Booking Conditions Agreement (3<sup>rd</sup> page) otherwise you will not be confirmed on the trip.
2. Each trip participant must fill a separate application (you may photocopy this form)
3. PLEASE WRITE A CLEAR AND UNDERSTANDABLE LETTER.
4. When finish fax this form to: **+56 2 215 1949**

## SECTION 1

### TRIP INFO

Your Cascada travel consultant is: \_\_\_\_\_

Trip name: \_\_\_\_\_ Trip code: \_\_\_\_\_

Departure date: (day/month/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SECTION 2

### PERSONAL INFO

Full name:		
Nationality:	Date of birth:        /        / (day/month/year)	
Passport number:	Place of issue:	
	Expiration date:        /        /	
Address: (street & number)		
City:	Zip:	Country:
Office Phone:	Home Phone:	email:

Age:	Gender:	Height (mts):	Weight (kgs):
Occupation:			
How did you hear about us?			
Dietary restrictions:			
Allergies:			
Medicines you are taking now:			
In case of emergency please notify: Name: _____ Phone number: _____ E-mail: _____ Address: _____			
Please list previous similar trips (indicate year, location, activity): 1. _____ 2. _____ 3. _____			
Please make a short description of your health and physical condition: _____ _____			
<p><b>Accommodation at the EcoCamp</b> (if you are not booking a program including EcoCamp in Torres del Paine please omit this paragraph)</p> <p>Accommodations at the EcoCamp in Torres del Paine are in a sharing basis only. There is not single accommodation availability unless a "forced" single accommodation is needed due to different gender single travelers not willing to share. If at the moment of arrival at the Ecocamp someone shows up with a reasonable claim for single accommodation and the camp manager finds availability, then an exception will be made.</p> <p>____ Yes, I am aware of this.</p>			
<p><b>Insurance</b> It is compulsory that all clients have personal travel insurance. You must accept full responsibility for insurance up to limits that you may deem necessary. This insurance must cover personal accident, medical expenses, air ambulance, loss of effects, repatriation costs and all other expenses which may arise as a result of loss, damage, injury, delay or inconvenience occurring to you. When obtaining travel insurance, you must inform the insurer of the type of travel to be undertaken, especially when "adventure activities" are included in the trip. You are advised strongly to take out cancellation and curtailment insurance as well.</p> <p>Insurance Company's name: _____ Policy Number: _____ Insurance Company's emergency phone number: _____</p>			

---

## SECTION 3

### BOOKING CONDITIONS AGREEMENT

---

#### 1. MANDATE

By means of this instrument the client confers a special mandate to Asesorias Econatural Limitada (hereinafter Asesorias Econatural) to act in the name and on behalf of the client with the faculty to contract for all the necessary services for the complete fulfillment of the agreed tourist program, specially including lodging, transfers, feeding, excursions and other complementary services. The client authorizes Asesorias Econatural in order to delegate the present mandate in other tourist operator of recognized prestige. The delegate is empowered to contract on behalf of the client the same services that Asesorias Econatural may contract in fulfillment of the present agreement. The parties hereby declare that the services that are agreed in fulfillment of this mandate by Asesorias Econatural or its delegate are included in the price of the subscribed program and they do not represent any additional cost for the client.

#### 2. ASSUPTION OF RISK AND RELEASE FROM LIABILITY

I understand and accept that Asesorias Econatural acts as an operator of trips that may expose me to hazards and elements of danger, and that participating in trips such as the one I am undertaking entails risk of illness, danger to property, personal injury and loss of life. I am also accepting that medical services or facilities may not be readily available or accessible during some or all of the time during which I am participating on the trip. I hereby accept and assume full responsibility for any and all risks of illness, injury or loss of life to myself and loss or damage to my property arising out of the participation in the trip organized by Asesorias Econatural.

I hereby agree that neither I, nor any of my heirs, personal or legal representatives, or family members will bring suit or make a claim for illness, injury, loss or damage to property, or loss of life resulting from any acts or omissions, including any negligence, gross negligence, or reckless or willful acts (but not the willful or fraudulent conduct) of Asesorias Econatural, its employees, directors, owners, officers, agents, contractors or affiliated organizations as a result of my participation in this trip. I hereby agree, without limitation, that Asesorias Econatural, is not responsible for acts of God, equipment failures, vehicle accidents, illness from food or otherwise, detention, assaults, theft or criminal activity, annoyance, delays, quarantine, strikes, failure of any means of conveyance to arrive or depart as scheduled, civil disturbances, terrorism, government restrictions or regulations, and discrepancies or changes in transit or hotel services over which it has no control. I hereby release Asesorias Econatural, its employees, directors, owners, officers, agents, contractors or affiliated organizations from and against any and all liability arising out of, or in any way connected with my participation in the trip, including liability for any negligence (but not the willful or fraudulent conduct) and any intentional act intended to protect my safety and well-being.

I understand and accept that Asesorias Econatural, can make reasonable changes in the itinerary where deemed advisable for the comfort and well being of the passengers. The right is reserved to substitute hotels, alter the itinerary, and reverse the order of places to be visited.

The laws of the Republic of Chile shall govern this Agreement, as well as any type of arbitration that may arise as result of controversy to this instrument.

I have carefully read this Agreement and fully understand its contents and confirm that all the information I have provided in this trip application form is truth. I am also aware that this is a release of liability and a contract between Asesorias Econatural and its affiliated organizations and/or myself and sign it of my own free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dated (day/month/year)

I, as a parent or guardian of the below named minor (under 18 years of age), hereby give my permission for my child or ward to participate in the trip and further agree, individually and on behalf of my child or ward, to the terms of the above Agreement.

Name of minor: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dated (day/month/year)