



RESERVATION, WAIVER & MEDICAL FORMS

RESERVATION AND PAYMENT SCHEDULE: To reserve, send a US \$500/person deposit with the completed Reservation Form. Reservations made within 45 days of departure require full payment with the Reservation. For charters & educational groups, deposits and payment are negotiated, but all participants must sign the waiver and medical care proxy designation, and the responsibilities and conditions below still apply. Final Payment is due 45 days prior to departure, contact us for payment information.

RATES: Rates are accurate and available at the time of publication. Any changes in costs are made only to reflect similar changes in cost of LAND SERVICES or CURRENCY EXCHANGE RATES. Rates do not include domestic or international airfares or hotel accommodations in Lima or elsewhere. If the group falls below the minimum requirement, the expedition may be subject to re-pricing, or cancellation. Rates are per person. Airline baggage regulations are subject to change, and each airline has its own policy. Check with your airline regarding baggage policies. Excess baggage charges are the responsibility of each traveler.

CANCELLATION: Cancellations must be made in writing/email and are effective upon receipt. Cancellations received up to 90 days prior to start date are refunded. Thereafter, refunds are limited to the amount recoverable from local operators. If an expedition is canceled due to circumstances beyond our control, and you are unable to schedule for another time, all monies paid are refunded. We cannot reimburse travelers for additional personal or airfare expenses made in preparation for an expedition. We strongly encourage purchase of Travelers Insurance.

RESPONSIBILITIES AND CONDITIONS: GoWildPeru, its affiliates, and cooperating airlines and agencies act only in the capacity of agents in matters of transportation and tour operation, and their liability is limited to the terms of the airline tickets and land accommodation contracts. They are not liable for any delays, inconveniences, accidents, expense or mishap of any kind whatsoever resulting entirely or in part from negligence of others or from causes beyond their control. They can accept no responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, terrorism, quarantine, natural disasters or other causes. All such losses or expenses are borne by the passenger as tour rates provide for arrangements only for the time stated. The right is reserved to substitute accommodations or modes of transportation and to make any changes in the itinerary when deemed necessary or to respond to changes in air schedules. On many expeditions it may not be possible to accommodate persons with severe health problems or physical disabilities. It is each participant's responsibility to judge the appropriateness of expedition activities to their physical capabilities. GoWildPeru and its affiliates take no responsibility for special arrangements or problems incurred by passengers physically unable to participate in planned activities. No refund can be made for absence from the tour unless arrangements are made at the time of booking. The right is reserved to decline, to accept or to retain any person as a tour member for any reason that affects the operation of the tour, or the rights, safety, or enjoyment of other tour members.

TRAVEL INSURANCE: We do not offer travel insurance but **strongly recommend** that expedition participants purchase such insurance. Travel insurance protects you in the event of lost, stolen, or damaged luggage, flight or trip cancellations, or events or circumstances that may prevent you from participating in an expedition.



RESERVATION CERTIFICATE (PLEASE PRINT LEGIBLY OR TYPE)

Please fill out, attach payment, and return to us to reserve space on your expedition. This information is not shared with other parties, is kept strictly confidential, and is shredded upon disposal.

TRIP: _____

DATES: _____

NAME(S): MR. ____ MRS. ____ MS. ____

FULL ADDRESS: _____

CITY, STATE (PROVINCE): _____

COUNTRY: _____ ZIP: _____

PHONE (DAY/WORK) (____) (NIGHT/HOME) (____) (CELL) (____)

E-MAIL: _____

PASSPORT NUMBER AND EXPIRATION DATE: _____

(copy required for sightseeing trip add-ons):

CITIZENSHIP: _____

DATE OF BIRTH: DD/MM/YYYY

HOTEL/FOOD/TIPS/BAR TAB:

___ I will make my own hotel reservations in Lima (there are many options on-line)

___ Please make hotel reservation in Lima. I will pay invoice upon arrival.

___ Please invoice me for guide tip for US \$_____ (we recommend US \$30/traveler/per expedition – tips are split evenly amongst guides)

I have the following dietary restrictions/preferences (note that non-meat items ARE served with all meals):

___ No red meat ___ No shellfish ___ No fish ___ No scale-less fish

___ Low Sodium ___ No eggs ___ No dairy ___ No pork products (halal)

___ No poultry ___ Other (please detail) _____

I acknowledge that I have received, read, and accepted the conditions of the General Conditions Section, and would like to make reservations for the person(s) listed above in accordance with the enclosed deposit.

(Note: each participant must read, sign, and return this form as well as the release and medical form).

DATE: _____ SIGNATURE: _____



WAIVER: SPECIAL CONDITIONS, RELEASE, ASSUMPTION OF RISK, HOLD HARMLESS AND AGREEMENT NOT TO SUE

Special conditions apply to all persons participating in GoWildPeru trips to the Peruvian Amazon and/or other destinations, whether aboard river boats, skiffs or other river transportation, aboard motorized ground transportation, or at ground accommodations located within the Republic of Peru, South America, or any other destination.

CAREFULLY READ THE FOLLOWING STATEMENT BEFORE SIGNING THE RELEASE BELOW:

I understand that participants on expeditions to the Peruvian Amazon or other destinations assume any risk of personal loss, discomfort, injury or death. I understand that during expeditions to remote and undeveloped areas that emergency medical care may not be immediately available, and that handicap facilities and amenities may be limited or completely lacking, and that it may not be possible to accommodate persons with severe health problems or physical disabilities. I acknowledge that I possess the physical capacity and mental stability reasonably necessary to engage in the expedition. I accept that **GoWildPeru, its owners, employees, and affiliates (collectively referred to as "RELEASEES")** take no responsibility for special arrangements or problems incurred by passengers physically unable to participate in planned activities. During GoWildPeru trips, I understand that I may be exposed to the elements while traveling by skiff, canoe/kayak, or riverboat, or while traveling on foot on jungle trails which may be unimproved, bridgeless, slippery or rocky, etc. I assume responsibility for any risk of loss, injury, pain, disfigurement or death while engaged in such activities. I recognize that I will not be coerced into participating in any activities with which I do not feel comfortable (including, but not limited to swimming, fishing, hiking, canoeing, traveling by skiff, visiting native and mestizo villages, etc.). Engaging in any such activity will indicate my voluntary participation. As a participant in any GoWildPeru organized or sponsored expeditions, I understand and accept that the RELEASEES act only in the capacity of agents in all matters of transportation and tour operation, and their liability is limited to the terms of the airline tickets and land accommodation contracts. They are not liable for delays, inconveniences, accidents, expense or mishap of any kind whatsoever resulting, entirely or in part, from negligence of others or from causes beyond their control. They can accept no responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine, natural disaster or other causes. All such losses or expenses will be borne by the passenger as tour rates provide for arrangements only for the time stated. The right is reserved to substitute accommodations or modes of transportation and to make any changes in the itinerary where deemed necessary or as caused by changes in air schedules. Knowing the potential dangers, hazards and risks of travel in the Peruvian Amazon, or other destinations, and on behalf of myself, my family, heirs and personal representatives, I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in expeditions operated or organized by GoWildPeru. In advance, I release, waive, forever discharge, and covenant not to sue RELEASEES from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including, but not limited to suffering and death, that may be sustained to me or any property belonging to me, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, prior, during or after any expedition to the Peruvian Amazon or other destinations. I understand and agree that RELEASEES may not have, and are under no obligation to have medical personnel available at the location of any expedition activities. I understand and agree that RELEASEES are granted permission to authorize emergency medical treatment at my cost, if necessary, and that such action by RELEASEES shall be subject to the terms of this agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage that might arise out of, or in connection with such authorized emergency medical treatment. It is my expressed intent that this agreement shall bind members of my family and spouse or legal partner or guardian, if I am alive, and my estate, family, heirs, personal representatives, or assigns, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue RELEASEES. I further agree to save and hold harmless, indemnify, and defend releases from any claim by me, my family, legal partner, guardian(s), or others arising out of my participation in this activity.

By participation on a GoWildPeru trip, I accept my obligation to abide by the environmental and other laws of the country or countries being visited, the environmental laws of my own country, and international conventions designed to protect the environment, flora and fauna. This includes, but is not limited to, refraining from purchasing items made in whole or in part from protected fauna, and refraining from transporting non-permitted animals, plants or parts thereof across international boundaries. I understand that I alone am responsible for knowing and abiding by the relevant laws and regulations. Failure to abide by these laws could result in prosecution by national or international authorities and agencies, and the RELEASEES are not responsible for resulting legal fees or damages.

In signing this release, I acknowledge and represent that I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT OF MY OWN FREE WILL.
NAME OF PARTICIPANT (PRINTED)

SIGNATURE OF PARTICIPANT DATE

SIGNATURE OF LEGAL GUARDIANS(S) IF PARTICIPANT IS UNDER 18 DATE



MEDICAL CARE PROXY DESIGNATION AND AUTHORIZATION FOR URGENT CARE / EMERGENCY CONTACT INFO

Should it become necessary to receive medical attention or treatment while participating in an GoWildPeru expedition to the Peruvian Amazon or other location, and I am unable to provide consent, I hereby appoint the bearer of this instrument to consent to urgent medical care on my behalf as my proxy decision maker. I have the legal right to delegate such consent to the proxy decision maker who is an adult and legally and medically/mentally competent to exercise the delegated authority. I further give the selected physician or medical personnel permission to render the medical treatment that he, she, or they deem(s) necessary and appropriate.

Note that prior to initiation of any medical care that all effort will be made to first contact the emergency contacts in the order in which they are designated. Under some circumstances, however, timely communications may not be possible.

AUTHORIZATION AND RELEASE

IN WITNESS WHEREOF: the undersigned has executed this instrument as of the ____ day of _____, 20__

Print Signature

If the above named participant is not of the age of legal majority, all legal guardians must endorse this designation and authorization as well.

Guardian's Name (Print) Guardian's Signature _____

Guardian's Name (Print) Guardian's Signature _____

Guardian's Name (Print) Guardian's Signature _____

Emergency Contact #1 (Please list in order of contact priority)

Name Relationship to Expedition Participant _____

Phone (indicate cell/home/work) Email _____

Emergency Contact #2

Name Relationship to Expedition Participant _____

Phone (indicate cell/home/work) Email _____

Do you have allergies to any medications? No ___ / Yes ___ (please list)

Are you allergic to any foods? No ___ / Yes ___ (please list)

I have the following medical condition that you should be aware of (please detail):

Please use the back of this form or attach an additional sheet in order to provide any other relevant information