

DECLARED ACTIVITY:	TREKKING

## REGISTRATION FORM AND ACCEPTANCE OF RISK OF ACTIVITY

Service providers should develop adventure tourism and provide for each participant of a document or application form, which should be completed as appropriate and signed by the participant prior to the initiation or development of the activity. This form must contain at least the following information, which should be available in at least the Spanish and English languages (Decree No. 222, the Ministry of Economic Development and Tourism):

1 NAME, ID OR PASSPORT, A	GE AND NATIONALIT	Y OF PAF	TICIPAN	<u>IT</u>					
NAME:						NATIONALI	TY:		
SURNAME:						AGE:			
PASSPORT NUMBER:						WEIGHT (K	G.):		
2ACTIVITY AND/OR PROGRA	MME								
DATE (dd-mm-yyyy)					PROGRA	MME:			
DEPARTURE TIME:					ARRIVA	L TIME:			
PLACE OF DEPARTURE:					PLACE O	F ARRIVAL:			
CAREER, TRAVEL (DEATAIL	AS APPROPIATE)								
WHERE THE ACTIVITY TAKE	S:								
3 CONTACT IN CASE OF EME	RGENCY								
NAME:						PHONE:			
SURNAME:						E-MAIL:			
						2 3333 3323			
4PARTICIPANT'S DECLARATION	ON OF EXPERIENCE								
		YES	NO	SPECIFY					
DECLARES PREVIOUS EXPE	RIENCE IN THE								
SAME PROGRAM OR ACTIV	/ITY								
		•	•	•					
5PARTICIPANT STATEMENT	OF HEALT								
		YES	NO	SPECIFY					
ALLERGIES									
MEDICATIONS CONTRAIND	ICATED								
SPECIAL DIETS (FOOD)									
RECENT MEDICAL SURGERI	ES								
PREGNANCY									
OTHERS									
6 IDENTIFICATION GUIDE (IF	APPROPRIATE)							T	
NAME:						RUT (id nur	nber):		
SURNAME:						COMPANY:			
7INSURANCE (TRAVEL, ACCID	DENTS, ETC)								
	•	YES	NO	SPECIFY					
DO YOU HAVE INSURANCE	?								
8 KNOWLEDGE AND ACCEPTA	ANCE OF RISK INVOLV	/ED IN TI	HE ACTIV	ITY OR PRO	GRAM				
(21225)									
(NAME)		:¢						involved in partic	
activities, which can not be corisks the development this acti	. , ,	even it	inere is	compliance v	with safety	standards accred	aitea by tr	ie lender, which al	m to reduce th
risks the development this acti	vity involves.								
NOTE: It is the duty of the pro of participants to take an adve participant must have prior to	nture the service ade	quately	nformed	d of the cond	litions unde	er which the serv	ice service	e, the minimum co	
PARTICIPAN	IT'S, NAME Y SIGNATI	URE				ם	)ATE		
FARTICIFANT 3, NAIVIL I SIGNATURE			DATE						