



Expediciones Chile Application, Medical Form & Liability Waiver

Expediciones Chile, PO Box 752 Sun Valley, Idaho 83353

Fill out one form for each person traveling. Be careful to fill out every field that applies. All information provided here is kept strictly confidential and is destroyed after your trip has ended. Please complete this form as **legibly as possible** using large print and heavy black ink as this form may need to be faxed internationally.

Copyright © Expediciones Chile 2005 Updated Sept 2005

Part 1: Contact Information (please print)

First Name			
Last Name			
Address		Apt #	
City/Town			
State/Province			
Zip/Postal code			
Country		Time Zone:	
Home Phone		Cell:	
Work Phone		Fax:	
E-mail			

Part 2: Trip Name & Dates (list all if more than one)

Trip 1 Name		<input type="checkbox"/> This is a regularly scheduled trip <input type="checkbox"/> This is a customized private trip.	
Trip 1 Starts	Day:	Month:	Year:
Trip 1 Ends	Day:	Month:	Year:

Trip 2 Name		<input type="checkbox"/> This is a regularly scheduled trip <input type="checkbox"/> This is a customized private trip.	
Trip 2 Starts	Day:	Month:	Year:
Trip 2 Ends	Day:	Month:	Year:

Trip 3 Name		<input type="checkbox"/> This is a regularly scheduled trip <input type="checkbox"/> This is a customized private trip.	
Trip 3 Starts	Day:	Month:	Year:
Trip 3 Ends	Day:	Month:	Year:

Part 3: Trip Details

Arrival:	<input type="checkbox"/> I am coming solo	<input type="checkbox"/> I am coming with a group or companion
If in Group		
Group Leader or companion:	Name:	
Group Size:	Number of People:	

Diet:	<input type="checkbox"/> Chilean Gourmet <input type="checkbox"/> Vegetarian <input type="checkbox"/> Low Carb <input type="checkbox"/> No preference
Other dietary preferences:	

Lodging:	<input type="checkbox"/> Lodge <input type="checkbox"/> Eco Camp <input type="checkbox"/> CondorNest <input type="checkbox"/> Local Inns <input type="checkbox"/> Local Ranches <input type="checkbox"/> Wilderness Camping Check all boxes that apply to your trip
-----------------	---

Part 4: Emergency Contact Information

Relationship:		
First Name		
Last Name		
Address		Apt #
City		
State/Province		
Zip/Postal code		
Country		Time Zone
Home Phone		Cell
Work Phone		Fax
E-mail		

Part 5: Medical History

The following information is for the guide’s use only. It will be kept confidential and deleted from our database after the trip. It is essential that the guide’s understand your medical history and be aware of any potential limitations or problems.

Directions: Check the conditions that you have and elaborate in the spaces provided if necessary:

Have you ever had or do you currently have any problems with:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	your back?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	your neck?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	your shoulders?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	your knees, elbows or other joints?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	heart disease?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	epilepsy?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	broken Bones?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	abdominal pain?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	suppression of immune system?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	recurring headaches or migraines?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	your urinary or reproductive tracts?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	high blood pressure?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	asthma? If yes how serious? Please explain below:
<p>If you answered yes to any of the above please elaborate in the space provided:</p>		

<input type="checkbox"/> Yes	<input type="checkbox"/> No	hypoglycemia?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you carry extra food with you on the river?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	allergies?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you carry your inhaler with you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	reactions to bees?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you carry a bee sting kit with you?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	diabetes?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you take insulin regularly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	thyroid?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you taking medication?
<p>If you answered yes to any of the above please elaborate in the space provided:</p>		
<p>Are you currently taking any medication? If yes, please list the medication and what it is for.</p>		

If you are under a physicians care for a condition that may effect your trip please provide details.	
Physician Name:	
Physician Phone:	
Are there any other medical conditions or physical limitations that the guide's should be aware of? If so please elaborate:	
Personal Data:	
Age	
Height	<input type="checkbox"/> ft/in <input type="checkbox"/> mts
Weight	<input type="checkbox"/> kgs <input type="checkbox"/> lbs
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Part 6: Health & Liability Insurance	
<p>If you are traveling to Torres Del Paine or Los Glaciares National Parks personal travel insurance is compulsory. This insurance must cover personal accident, medical expenses, air ambulance, loss of personal 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 insurance, you must inform the insurer of the type of travel to be undertaken, especially when "adventure activities" are included in the trip. This insurance is also recommended for all Futaleufu area trips as well.</p>	
Name of Insurance Company:	
Insurance Policy #:	
Insurance Company Emergency Phone Number:	

Part 7: Waiver

1. MANDATE

By means of this instrument the client confers a special mandate to Chris A. Spelius (hereinafter Expediciones Chile) 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, specifically including lodging, transfers, dining, excursions and other complementary services. The client authorizes Expediciones Chile to delegate the present mandate to other tourist operators of recognized prestige when necessary. The delegate is empowered to contract on behalf of the client the same services that Expediciones Chile may contract in fulfillment of the present agreement. The parties hereby declare that the services that are agreed in fulfillment of this mandate by Expediciones Chile 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 Expediciones Chile 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 fully understand that even though I will be guided by professional guides, I am solely responsible for any decision I make concerning whether to run or not run certain rapids or rivers, or to take part in any sporting activity. • I understand that kayaking, rafting, mountain biking, canyoning, horseback riding, hiking, fly-fishing and all adventure sports in Chile involve risks both on the river and off, and that Expediciones Chile whitewater kayak/adventure sport trip exposes me to many hazards and elements of danger, and that participating in a trip entails risk of 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 Expediciones Chile. • 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 Expediciones Chile, 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 Expediciones Chile, 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 Expediciones Chile, 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 Expediciones Chile, 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. • I also hereby grant Expediciones Chile the exclusive unrestricted right to use my picture and name for promotional and environmental protection purposes without further consideration. • 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 regarding this instrument.

Signature:		Date:
-------------------	--	--------------

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 Expediciones Chile and its affiliated organizations and/or myself and sign it of my own free will.

Part 8: Minor Waiver & Release

As the parent or legal guardian of the participating minor, I understand the risks inherent in this kind of activity and International travel. It is my intent by this Release to release Expediciones Chile/Futaleufú Adventure Center and hold the above named harmless from all liability for any such property loss or damage, personal injury or loss of life, whether caused by the negligence of Expediciones Chile/Futaleufú Adventure Center or whether based upon breach of contract, breach of warranty, or any other legal theory. This Release and Assumption of Risk shall be governed by the laws of the Republic of Chile.

Signature:		Date:
-------------------	--	--------------

By signing I accept the terms and conditions of this waiver

Part 9: Torres del Paine Accommodations

Accommodations at the Eco Camp at Torres Del Paine are shared. Efforts are made to match travelers for age and gender compatibility but this is not always possible, especially in the heavily traveled high season. If a traveler shows up with a reasonable claim for a single accommodation and the Camp Manager finds availability, then an exception might be made. However, all travelers should expect shared accommodations.

I am aware of this & accept this condition:	Please Sign & Date Above
--	--------------------------

Forwarding Instructions:

Option 1:

Fax this form to the Expediciones Chile USA Office in Sun Valley, Idaho.

E.Fax #: 1.360.937.9922

Option 2:

Mail this form to the Expediciones Chile USA Office in Sun Valley, Idaho.

Expediciones Chile
 PO Box 752
 Sun Valley, ID 83353