

Latin American Escapes, Inc.

TRIP APPLICATION

Please print or type all information, and mail with your appropriate trip deposit to Latin American Escapes, Inc. *Be sure to sign, initial and date this application on page 2 where indicated. A separate application must be filled out for each participant* (you may photocopy this form, download it from our website, or contact our office for additional copies). **Please complete all items in full.**

Destination/Trip Name: _____ Departure Date: _____

Your full name (as it appears on your passport): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (with area code): (_____) _____ Business phone: (_____) _____

Fax: (_____) _____ Cell (_____) _____ e-mail: _____

Age: _____ Sex: _____

Important Passport Information—Must be completed in full

Height: _____ Weight: _____

Passport #: _____

Occupation: _____

Issue Date: _____ Expiration Date: _____

Allergies: _____

Place of Issue: _____ Citizenship: _____

Dietary Restrictions: _____

Date of Birth: _____ Place: _____

Medical Conditions: _____

Important: In general, your passport must be valid 6 months beyond your date of entry into a foreign country.

Please provide an accurate description of your health and physical condition: _____

Smoker Nonsmoker

(If you are age 65, or older and are traveling on one of our adventure programs, we may require a medical release from your physician.)

In case of emergency, please notify:
(contact info of someone NOT traveling with you)

Air Transportation: Latin American Escapes, Inc. will make domestic and international air travel arrangements according to the trip itinerary.

Name: _____

Please notify us if you would like to arrive early, or extend your stay.

Address: _____

Departure Airport: _____

Airline preference: _____ Frequent Flyer #: _____

Telephone: _____

Seating preference: _____

Relation: _____

I will be using frequent flyer mileage for my int'l tickets.

Accommodations: Single Double Twin Triple

Sharing with: _____

For group departures only: Traveling alone; willing to share if possible I will pay a single supplement

How did you hear about **Latin American Escapes**? _____

Travel Agent Stamp, with ARC/IATA #

Please complete pages 1 & 2 of this form; sign, initial and date it where indicated with a '✓' and return to **Your Travel Agent or, if booking directly to: Latin American Escapes, Inc. 1074 East Ave, Suite #C-1; Chico, CA 95926**

AGREEMENT AND RELEASE FROM LIABILITY

ASSUMPTION OF RISKS

I am aware that travel to foreign countries and remote areas within foreign countries may involve numerous risks including, but not limited to, (i) interference with or termination of the trip or other cancellation or disruption of transportation or lodging facilities by reason of forces beyond the control of Latin American Escapes, Inc. ("Agent"), including forces of nature, such as storms, earthquakes, fires, floods, and similar events, terrorism, civil or labor unrest, and/or (ii) personal illness or injury, without access to means of immediate medical care or rapid evacuation therefor or availability of medical supplies resulting from my physical condition or from participating in physical activities including, without limitation, hiking, biking, swimming, surfing, boating, horseback riding, and similar activities or from the acts or omissions of any tour guides, event sponsors, travel carriers or food or lodging suppliers who provide services to me while en route or within or visiting foreign countries or of any fellow trip participants. I nonetheless acknowledge that the enjoyment and excitement of travel to foreign countries and my desire to participate in adventure activities are derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work, and that these inherent risks contribute to such enjoyment and excitement, and are the reason for my voluntary participation in this trip. I hereby agree to be fully responsible for my own health, safety and welfare, and accept any and all risks of delay, unanticipated events, illness, injury emotional trauma, or death arising out of or in any way connected with my participating in the trips.

I verify my agreement to the above by placing my initials here: _____

RELEASE

I acknowledge that the cost of Agent's trip is based upon trip participants and my executing this Agreement and Release of Liability. Therefore, as lawful consideration for being permitted to participate on such trip, I hereby release and discharge Agent and its agents and employees from and against any and all liability arising from my participation in the trip. I agree this release shall be legally binding upon myself, any and all of my minor children or children for whom I am legal guardian under the age of 21 traveling with me, my heirs, successors, assigns, personal or legal representatives, or family members, it is my intention to fully assume all the risk of travel and to release Agent from any and all liabilities to the maximum extent permitted by law.

I verify my agreement to the above by placing my initials here: _____

ARBITRATION

In the unlikely event a legal dispute should arise involving any subject matter whatsoever, I agree that the following conditions will apply: (a) The dispute will be submitted to a neutral third-party mediator in Chico, CA with both parties splitting equally the costs of such a mediator. If the dispute can not be resolved through mediation, than (b) the dispute will be settled by binding arbitration through the American Arbitration Association in San Francisco, California; (c) the dispute will be settled under California Law; and (d) the maximum amount of recovery to which I will be entitled under any and all circumstances will be the land cost of my trip with Agent.

I verify my agreement to the above by placing my initials here: _____

KNOWING AND VOLUNTARY EXECUTION

I have carefully read and understood the contents of this agreement, as well as the all the conditions stated under the attached "Terms and Conditions", especially the cancellation and refund policies, limitation of liability, and responsibility borne by trip participants. I understand this is a legally binding and enforceable contract and sign it of my own free will. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect

Signature of Participant

_____ 20__

Dated

PARENT OR GUARDIAN OF MINOR-Must be signed by both parents if trip participant is under 18 years old.

I, as parent or guardian of the below named minor, 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.

Name of Minor

Signature of Releasor

Dated

Name of Minor

Signature of Releasor

Dated

Latin American Escapes, Inc 800.510.5999 or 530.879.9292 / Fax: 530.879.9290
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