

Latin American Escapes, Inc.

TRIP APPLICATION

Please print or type all information, and mail with a deposit of \$300 per person 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).

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: (_____) _____ 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: _____

Note: 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:

Air Transportation: Latin American Escapes, Inc. will make domestic and international air travel arrangements according to the trip itinerary. Please notify us if you would like to arrive early, or extend your stay.

Name: _____

Departure Airport: _____

Address: _____

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 supplement for single room/tent (if available)

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


Travel Agent Stamp, with
ARC/IATA number:

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.
3209 Esplanade, Suite #130
Chico, CA 95973

AGREEMENT AND RELEASE FROM LIABILITY

ASSUMPTION OF RISKS

I am aware that travel to the foreign countries and/or remote areas visited by this trip involves numerous dangers including, but not limited to forces of nature, terrorism; civil unrest; roads, trails, hotels, vehicles, boats or other means of conveyance which are not operated or maintained at standards common in the United States; high altitude; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical protection once provided; physical exertion for which I am not prepared; consumption of alcoholic beverages; or negligence (but not willful or fraudulent conduct) on the part of Latin American Escapes, Inc., fellow trip participants, or others. I acknowledge that the enjoyment and excitement of travel to foreign countries, and involvement in adventure activities is 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, being a reason for my voluntary participation. I hereby agree to be responsible for my own welfare, and accept any and all risks of delay, unanticipated events, illness, injury emotional trauma or death.

I verify this statement by placing my initials here:  _____

RELEASE

I acknowledge that the cost of all Latin American Escapes, Inc. trips have been based upon Trip Participants executing this Release of Liability and Assumption of All Risks. Therefore, as lawful consideration for being permitted to participate on such trip(s), I hereby release and discharge Latin American Escapes, Inc. and its agents and employees from and against any and all liability arising from my participation in the Tour or Expedition. I agree this release shall be legally binding upon myself, all minors under the age of 21 traveling with me, my heirs, successors, assigns, personal or legal representatives, or family members; it being my intention to fully assume all the risk of travel and to release Latin American Escapes, Inc. from any and all liabilities to the maximum extent permitted by law.

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, then (b) the dispute will be settled by binding arbitration through the American Arbitration Association at San Francisco, California; (c) the dispute will be settled by 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 Latin American Escapes.

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 heading "Terms and Conditions", especially noting 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 Releasor



Dated 20__

PARENT OR GUARDIAN OF MINOR-Must be signed 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 20__

Please return your completed application to your travel agent, or if booking directly to:

Latin American Escapes, Inc
3209 Esplanade, Suite #130
Chico, CA 95973

If you have any questions, please contact us:
www.latinamericanescapes.com

1-800-510-5999 or (530) 879-9292
Fax: (530) 879-9290
e-mail: travel@latinamericanescapes.com