

FORM OF REGISTRATION AND ACCEPTANCE OF RISK ADVENTURE TOURISM SERVICES



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):

| PERSONAL DATA | | |
|------------------|------|-----------------------|
| Name: | | Nationality: Email |
| Passport number: | Age: | Weight: |

| ACTIVITY DATA | | | |
|---------------|--|--|--------------|
| | | | DayMonthYear |

| | | | | | |
|---|-----------|---------------------|-------------------|--|--|
| Activity: Way to Pay : <input type="checkbox"/> Web Pay <input type="checkbox"/> Cash <input type="checkbox"/> Transfer <input type="checkbox"/> Transbank Transportation : <input type="checkbox"/> Terrestrial <input type="checkbox"/> Maritime <input type="checkbox"/> Air | | Date | | | |
| Name of Guide: | | | ID N°: | | |
| Start Time: | End Time: | Place of Departure: | Place of Arrival: | | |

| CONTACT IN CASE OF EMERGENCY | | |
|------------------------------|--------|---------|
| Name: | Phone: | E-mail: |
| Name: | Phone: | E-mail: |

| DECLARATION | | | |
|---------------------------------|-----|----|----------|
| Experience in the same activity | YES | NO | Specify: |
| Do you have insurance? | YES | NO | Specify: |
| Allergies | YES | NO | Specify: |
| Medications contraindicated | YES | NO | Specify: |
| Special diets (food) | YES | NO | Specify: |
| Recent medical surgeries | YES | NO | Specify: |
| Pregnancy | YES | NO | Specify: |
| Others | YES | NO | Specify: |

In case of underage participants, the following data must be completed by the tutor who accompanies him.

I _____ declare to know and understand the risks involved in participation in these activities, which cannot be completely eliminated, even if there is compliance with safety standards accredited by the lender, which aim to reduce the risks the development of these activities involves.

I receive the technical equipment to complete the activity, I receive all the instructions for the optimal development of the tour, I read the terms of conditions and reservations on the website: www.rutaleon.com, besides knowing the detailed itinerary of the activity and the necessary equipment for the development of this, delivered by the same company. I declare that I do not have any serious or chronic illness that puts personal integrity at risk, let alone that of the group. Disclaimer of all responsibility for accidents to the company Ruta León your legal representative, workers, guides before any cost of transfer, evacuation by air or land in case of an accident.

THE PARTICIPANT/ TUTOR'S SIGNATURE, NAME AND ID N° (if appropriate)



Obligations In the National Parks of Chile:

- * Do not leave Trash
- * No Smoking Cigar, drugs or drinking alcohol on the road
- * Do not make fire (Law number 20.653)
- * Do not enter with pets
- * Do not generate annoying noises
- * Do not feed native fauna
- * Do not extract or damage archaeological, paleontological or historical remains.

Duties and Rights as a passenger / client

- * Follow the instructions and decisions of the guides. (In case of postponing the activity, or returning for conditions that put the group at risk, or due to an emergency linked to the weather or catastrophe)
- * Respect the conditions of the group (if you do not contract a private tour, it must be subject to group conditions, ie wait in case of being necessary to the slowest of the team.)
- * Be informed of the risks involved in any outdoor activity.
- * Treat with respect the guides and fellow Tour.
- * Not discriminate by gender, race, religion, sexual orientation.

THE PARTICIPANT/ TUTOR'S SIGNATURE, NAME AND ID N°