

SOLIPASO
Trip Registration Form

TRIP NAME: _____ TRIP DATES: _____

PERSONAL INFORMATION:

1. FULL NAME: _____ Date of Birth: _____
(as listed on passport) (mm/dd/year)

Other Name Used: _____ Gender: _____

2. FULL NAME: _____ Date of Birth: _____
(as listed on passport) (mm/dd/year)

Other Name Used: _____ Gender: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ COUNTRY: _____

EMAIL ADDRESS: _____

Do you want your mailing address included on Trip Guest List? _____ Email address? _____

PHONE: Home _____ Biz: _____ Cell: _____

PASSPORT INFORMATION:

1. Passport # _____ Exp. Date _____ Country Issued _____

2. Passport # _____ Exp. Date _____ Country Issued _____

ACCOMODATIONS:

Bedding Preference: (please circle one) KING QUEEN TWO BEDS

____ I have will be rooming with: (name) _____

____ I would like a single room if/when available and will pay the single supplement.

____ I want a roommate, but will pay single supplement if not available. Smoker? Y/N Snorer? Y/ N

DIETARY INFORMATION:

Dietary Restrictions or Allergies: _____

Morning drink preference: (please circle one) COFFEE TEA OTHER: _____

What type of drinks do you prefer during the day? _____

MEDICAL AND EMERGENCY INFORMATION:

Please list any physical conditions, limitations or allergies: _____

Please list any medications you will be taking during the tour: _____

Who should be contacted in the event of an emergency?

Name: _____ Relationship to you: _____

Phone: Day: _____ Night: _____ Cell: _____

Release of Liability

I have carefully read and accept the Terms and Conditions and the Cancellation Policy provided on the website. Solipaso gives notice that it is only an agent to the owners and suppliers providing accommodations and guest services in those establishments. Solipaso assumes no responsibility for any delay, mishap, inconvenience, expense, injury or death or damage to property occasioned through acts of nature, detention, weather, quarantines, strikes or civil disturbances. Solipaso reserves the right to alter the itinerary and/or substitute vessels, hotels and transportation when deemed necessary or advisable in order to successfully operate the trip. I acknowledge that during a trip to a destination such as this and on a tour of this nature, certain risks and dangers may be involved, including but not limited to riverboat travel, hiking over slippery, muddy trails and rocky trails and underdeveloped areas, the forces of nature, and accident or illness in remote areas without means of rapid evacuation or availability of medical supplies and facilities. I am voluntarily participating in these activities with the knowledge of the element of risk dangers involved and hereby agree to assume any and all risks, including injury and death. I acknowledge that the enjoyment of a trip of adventure travel 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, being a reason for my participation. I understand that many risks are beyond the control of Solipaso S.A. de C.V. I therefore release and discharge (and will not make a claim against) Solipaso S.A. de C.V. and its owners, agents, employees, heirs and contractors, for bodily injury, death, property damage resulting from negligence or any cause during or after participating on this tour This release of liability is entered into on behalf of all members of my family. I certify that I am aware of all of the terms and conditions this waiver and am over 21 years of age. I understand that 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: _____ Date: _____

Signature: _____ Date: _____

Important information: Your registration is considered valid upon receipt of the completed and signed Registration and Release Form. Please read, fill out carefully, sign and send to Solipaso along with your deposit.

Deposit amount: \$500.00 usd per person

Make check payable to Solipaso

Send to: 1830 E. Broadway #124, PMB 412, Tucson, AZ, 85719