

FORM OF REGISTRATION AND ACCEPTANCE OF RISK

MOTOTRAVEL TOURING SERVICES

PERSONAL DATA		
Name:		Nationality:
Passport number:	Age:	Weight:

ACTIVITY DATA			
Activity:		Date	
Name of Guide:		ID N°:	
Start Time:	End Time:	Place of Departure:	Place of Arrival:

Itinerary, Travel (Detail as Appropriate) where the activity takes place

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

DECLARATION			
Experience in the same activity	YES	NO	Specify:
Has a Motorcycle Driving License	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 this activities involves.

NOTE: It is the duty of the provider of adventure tourism report the conditions and requirements for the development of the activity, as also is the duty of participants to take an adventure the service adequately informed of the conditions under which the service, the minimum conditions that the participant must have prior to the activity and comply with the instructions and guide the company in charge of the activity indicated.

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