

ATTACHMENT B: AGREEMENT FORM

Adventure name:

Requested Dates: From: MM DD YYYY To: MM DD YYYY

Surname and First Name exactly as it is on your passport:

First Name Surname

Signature:

Date: .

RELEASE AND ASSUMPTION OF RISK

I acknowledge that I intend to undertake an organized activity with Wandrian Adventures LTD. ("WA") and that in order to do this I need to involve myself in related aspects of such including, but not limited to special travel, risks of various kinds and degrees, differing living conditions and foods, a variety of interpersonal interaction and close-quarter conditions, varying types of medical risks, hazards, availability of medical care and support, and differing weather conditions and altitudes and any risks that may come of such.

In consideration of, and as payment for, the right participate in such activities, services and food arranged for me by WA I have and hereby assume all the associated risks and conditions involved with such activities and shall hold WA harmless from any and all liability, actions, causes of action, debts, claims and demand of any kind and nature whatsoever which I now have or which may arise out of or in connection with my adventure or participation in any other activities arranged for me by WA. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors accompanying me.

Signature: Date: MM DD YYYY

If Minor, Signature of Gaurdian: Date: MM DD YYYY

CLIENT AGREEMENT

- The adventure leader is responsible for the general equipment and logistics of the adventure including but not limited to the choice of team support, routes, camps, and any change of activities. During the adventure, the leader may assist clients on certain aspects of the adventure / activity, or may delegate such provision of assistance to staff members, agents or servants, or third-party support. The leader, assistant, or any other adventure personnel as identified herein will demonstrate reasonable procedures and / or safety information required for the adventure or activity. The Client is expected to fully understand these instruction and procedures and comply with them at all times during the adventure or activity. It is the Client's responsibility to immediately notify the adventure leader and / or those support staff identified herein if they do not fully understand any and all instructions and procedures that have been explained to them by adventure personnel.
- The adventure leader, assistants and / or third-party support shall not be responsible for carrying any personal equipment of the Client except where specified in the general instructions provided for your adventure.\
- The Client may have to deal with hostile environments including but not limited to, changes in temperature, weather, terrain, government action or culture. Dangers and medical problems may occur which are linked with the risks associated with the Client's adventure. This environment and living closely in a small group may generate stress problems for the Client.
- The team leader or any person as so delegated by the team leader to do so may in the interest of safety request the participants to stop any activity, or in such circumstances as require, terminate the entirety of the adventure at any time during said adventure .
- The Client has filled in all relevant forms and documents truthfully and agrees to the Release and Assumption of Risk.
- You have read all the information supplied to you including the terms and conditions and have accepted them without qualification.

I, agree and accept the above conditions.

Signature: Date: MM DD YYYY

— Continued —

NEXT OF KIN OR PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Surname and First Name exactly as is on Passport:

	First Name	Surname
Relation to Client:	Relation	
Address:	Street	Apt. or Suite
	City	State Zip
Home Phone:		Mobile:
Fax:		Email:

WANDRIAN ADVENTURES LTD.: BANK ACCOUNT DETAILS

Wandrian Adventures LTD.
106 Fulton Street
Boston, MA 02109

Bank Number:

Routing Number:

The total amount received by WA's bank must be the same amount shown on your Payment Invoice. When sending money by bank transfer, you must pay the remitter's (you, the Client) fees . All charges associated with check payments will be charged to the Client.

FOR CREDIT CARD PAYMENTS:

Please provide credit card details if paying by credit card.

Card Number: Security Code:

Card Type: Visa MC AMEX Other: _____

**PLEASE RETURN BY E-MAIL, FAX OR POST TO
OUR ADMINISTRATION OFFICE USING THE INFORMATION BELOW:**