
Date _____ Trip name _____

Tour leader Rodrigo Lopez Contact info 415-100-2798 rodrigo@travelian.com.mx

Last name (as it appears on passport) _____

First and middle name (as it appears on passport) _____

Birth date (mm/dd/yyyy) _____

E-mail _____

Telephone / Cell number (Mexican phones please) _____

Person(s) to contact in case of emergency

Name _____

Address # _____

Phone # _____

Health insurance carrier

Name _____

Policy # _____

Phone # _____

Physician

Name _____

Phone _____

Physician In case of emergency, please list current medications

1. _____ 2. _____

3. _____ 4. _____

In consideration of this trip, on behalf of myself, I hereby assume all risks in connection with the trip and I further release, discharge, and/or otherwise indemnify Travelian, Rodrigo Ulises López Valdes, associates, employees and volunteers from all claims, judgments, liability, by or on behalf of myself for any injury or damage due to my participation in the trip, including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health treatment for myself

Name and signature