Patagonicas Waiver / Acknowledgement and Assumption of Risks - David Wachmann

You are giving up certain rights. **PLEASE READ CAREFULLY**.

ACKNOWLEDGEMENT OF RISKS. I recognize and acknowledge that there are risks in any activity associated with the outdoors. These risks include dangers not only associated with participation in outdoor activities, but include dangers associated with travel to and from the location of outdoor activities. By signing this Acknowledgement of and Assumption of Risks agreement, I am voluntarily subjecting myself to all dangers, risks and rigors involved or associated with the above trip and I am fully aware there are risks involved with this trip.

RISKS INVOLVED. I fully understand that there are many risks inherent in all outdoor activities, including the above trip, and that these risks can include, but are not limited to, death, injury, or illness as a result of the following: a fall; cold weather injuries which may include hypothermia, frostnip, and/or frostbite; heat related illnesses, which may include heat exhaustion and heat stroke; altitude related illnesses which may include, pulmonary edema, cerebral edema, and/or high altitude mountain sickness; an act of nature which may include, guimonary edema, avalanche, mudslide, earthquake, and rockfall; falling into a crevasse, crossing rivers, climbing or downclimbing rock, snow or ice-covered terrain, skiing, being on or near horses or mules; transportation on airplane, boat, bicycle, or vehicle; collisions with vehicles, pedestrians, bicycles, fixed objects, animals, road hazards of all types not necessarily marked; equipment failure, weather problems; epidemics, or other sicknesses; and political or social unrest. I have been informed of some of the possible risks, and their consequences involved in participation on the above trip and acknowledge, and assume responsibility for all risks and their consequences.

GIVING UP LEGAL RIGHTS. By signing this agreement I hereby agree to give up certain legal rights which I may have in the event that I become ill, injured or die as a result of my participation on the above Aventuras Patagonicas trip. I am giving up my legal rights against Aventuras Patagonicas, its owners, guides, assistant guides, and associated agents and contractors or any of their relatives.

AGREEMENT TO WAIVE LEGAL ACTION. I hereby agree that I, my heirs, my personal or legal representatives, or any member of my family, including minors, will not make a claim against, or sue Aventuras Patagonicas, or any of its owners, guides, assistant guides, or associated agents or contractors, or any of their relatives, for death, injury, illness, or expense, occurring during or after the course of my participation on this trip. I hereby release Aventuras Patagonicas, its owners, guides, assistant guides, and any associated agents or contractors from and against any and all legal liability arising out of or connected in any way with my participation on this Aventuras Patagonicas trip. All terms of this agreement shall be binding upon me, my relatives, heirs, and my personal or legal representatives.

CONSENT TO LEADERSHIP. I further agree that Aventuras Patagonicas shall have complete discretion to decide when, where, how, to what extent, and under what circumstances my rescue should be required.

CONSENT TO MEDICAL TREATMENT. Provided I am incapacitated or rendered incompetent due to illness or injury, and I am unable to make my own decisions, I consent to any emergency medical treatment or hospital care that may arise from participating in activities with Aventuras Patagonicas.

RESPONSIBILITY FOR EXPENSES. I accept full responsibility for any, and all expenses incurred, as a result of my injury, illness, or death, including all medical services and rescue costs, as well as my costs if I leave the trip for non-medical reasons.

AGREEMENT TO INFORM. I have informed Aventuras Patagonicas of any preexisting medical conditions, and any, and all medications I will be taking on the trip.

I certify and state that I am fully capable, physically and mentally, to participate on this Aventuras Patagonicas trip, and that I have been made aware and have had an opportunity to make myself aware of, the dangers, risks, and consequences involved in this trip, some of which are listed in this Acknowledgement of and Assumption of Risks agreement. I have carefully read this agreement and fully understand its contents and terms. I understand that this agreement shall be binding upon me, my relatives, heirs, and representatives,. I understand that this agreement shall be effective and binding during the entire period of



participation on my Aventuras Patagonicas trip including, but not limited to, travel to and from my place of residence.

× David Wachmann

Signed By David Wachmann Signed On: 22 May, 2017



Signature Certificate

Document name: Patagonicas Waiver / Acknowledgement and Assumption of Risks - David Wachmann Unique Document ID: C764B1E9A60D0ED7C6CF05DD8D3A2919231D8E9E





David Wachmann Party ID: 33ab12bd-cf1b-4189-a282-f38c1456680d IP Address: 66.207.200.202 Security Level: E-mail

Digital Signature: David Wachmann

Multi-Factor			
Digital Fingerprint			
Checksum			

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Tim	estamp	Audit
2016	5-07-12 09:41:06 -04	Patagonicas Waiver / Acknowledgement and Assumption of Risks Uploaded by Rodrigo Mujica Hm Mujica - summit@patagonicas.com IP 98.245.198.239
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2017	7-05-22 11:32:05 -04	The document has been signed by all parties and is now closed.



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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