

# Window Into Patagonia Registration Form

I/we wish to register for the following dates: \_\_\_\_\_

Departure date from the U.S.: \_\_\_\_\_

Participant Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_

Work Phone: (        ) \_\_\_\_\_

Cell Phone: (        ) \_\_\_\_\_

Email Address: \_\_\_\_\_

There is a required deposit (check or cash only) of 50% of trip cost per person per trip.

Number of participants: \_\_\_\_\_

Total amount of deposit enclosed: \$ \_\_\_\_\_

Registrations accepted are subject to Terms and Conditions, the Liability and Assumption of Risk Release, and the Responsibility Acknowledgements. Registrations are confirmed only if presented to Window Into Patagonia, LLC. All forms must be signed by each participant and accompanied by the required deposit.

Due to circumstances beyond control, trip dates are subject to change. Weather and other causes may delay your arrival and/or departure to and from Chile or Argentina.

Mail completed forms and deposit to: **Window Into Patagonia, LLC.**  
**1296 Indian Trail South**  
**Afton, Minnesota 55001**

# Window Into Patagonia

## Medical History

Please list any medical conditions, past and present, that may interfere or affect the activities that you will participate in. List all current medications and prescriptions that you will carry as well as any allergy conditions. This information, if needed, will help Window Into Patagonia better serve you while in South America. A tetanus shot in the last seven years is recommended.

Medications and intended use: \_\_\_\_\_

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Allergies: \_\_\_\_\_

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### Emergency Contact #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1: (       ) \_\_\_\_\_

Phone 2: (       ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Emergency Contact #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone 1: (       ) \_\_\_\_\_

Phone 2: (       ) \_\_\_\_\_

Email Address: \_\_\_\_\_

# Window Into Patagonia Waiver and Release of Liability

Please read carefully and sign below if you agree to all of the terms.

I certify that the information is true, accurate and complete. I recognize there is significant element of risk in any recreational activity or adventure associated with the outdoors. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family, are fully capable of participating in the activities, and wish to do so as voluntary participants. In consideration of Window Into Patagonia (WIP) providing this adventure, sport, or outdoor opportunity to me and/or my family and/or my legal ward(s), I hereby waive, release and discharge all actions, claims and demands for personal injury and/or property damage that may hereafter accrue against WIP, its employees, agents, sponsors, or guides arising out of ordinary negligence. I further agree that except in the event of WIP's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against WIP, its employees, agents, or guides. By my participation in these activities, I assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owner, agents, officers, or employees of Window Into Patagonia, LLC, or by any other person. This agreement shall be governed by and construed in accordance with the laws of the State of Minnesota, exclusive of Minnesota's choice of law provisions.

\_\_\_\_\_ (Initial) I waive the recommendation to wear a riding helmet  
for horseback riding.

I have read the above waiver and release and, by signing the bottom of this waiver, I agree. It is my intention to exempt and relieve Window Into Patagonia, LLC from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

Please print name \_\_\_\_\_

Signature \_\_\_\_\_

Age \_\_\_\_\_

Signature of parent or guardian if participant is less than 18 years of age

\_\_\_\_\_