



### 3.2 Domestics flights (just in case you book/buy them):

Date	Origin	Destination	Airline	Flight number	Departure time	Arrival time	Reservation code

**3.3 If you are arriving and/or departing by OTHER MEANS OF TRANSPORTATION** (public bus, boat, private vehicle, etc.), please provide all the relevant information in the space below (date and time of arrival and departure, place of arrival and departure, details of the transportation company, etc.)

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## 4. Contact Information

**4.1 BEFORE the arrival (in case we urgently need to contact you and you are not at home):**

<b>Full name</b>	
<b>Relationship</b>	
<b>E-mail</b>	
<b>Phone number(s)</b>	

**4.2 DURING the trip (in case of emergency):**

<b>Full name</b>	
<b>Relationship</b>	
<b>E-mail</b>	
<b>Phone number(s)</b>	

## 5. Insurance Information

Carrier name	
Type of coverage	
Insurance number	
Emergency phone number	

## 6. Bedding Preference

<input type="checkbox"/> Single room	<input type="checkbox"/> Twin room (2 beds)
<input type="checkbox"/> Matrimonial room	<input type="checkbox"/> Triple room

We will try to ensure that your bedding preference is honoured, but please consider that not all room types are available at all properties and a specific bedding choice cannot be guaranteed throughout your tour.

## 7. Health Information

It is everyone's best interest to make a good match between the physical requirements of travel and each traveller's expectations and capabilities. Help us to ensure a good traveller/destination match by providing us with the information requested on this **CONFIDENTIAL** form.

### 7.1 Do you have a physical, medical or other condition that could adversely affect you or others on this tour?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, explain in the space below:

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**7.2 Is your physical agility in any way impaired (Do you use a cane, crutches or a wheelchair)?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, explain in the space below:

**7.3 Are you taking medications at the present time?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please list the medications and their dosage in the space below

**7.4 Do you have any special dietary requirements?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, explain in the space below:

**7.5 Do you have any allergies?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, explain in the space below:

### 7.6 Have you ever experienced altitude illness?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**NOTE:** if you are visiting an area of high altitude, SENDEROS NATIVOS strongly advises that you consult your physician prior to travel.

### 8. ONLY FOR BIKING TOURS (in case the participant decides to hire a bike)

What is your Height		Meters
What is your Weight		Kilograms

SENDEROS NATIVOS reserves the right to refuse participation in any specific program if, in its sole and unreviewable discretion, it decides that an individual's physical, medical or other condition creates a risk for that individual or any other person

By filling in this form I accept SENDEROS NATIVOS's **General Sales Conditions**.

