



REGISTRATION FORM AND ACCEPTANCE OF THE RISK OF THE ACTIVITY

PERSONAL INFORMATION			
Name:		Country:	
DNI or Passport:	Contact number:	Mail:	
Height (m):	Weight (kg):	Date of birth:	Age:
Pick-up address:		Drop Off address:	

ACTIVITY DATA			
Activity:	Date	Day	Month Year
Guide in charge:			
Start Hour:	Finish hour:	Departure location:	Arrival location:

Path, route (Detail, as appropriate) where the activity will be carried out

CONTACT IN CASE OF EMERGENCY			
Name:	Country:	Telephone:	E-mail:
Name:	Country:	Telephone:	E-mail:

DECLARATION			
Experience in the same activity	YES	NO	Specify:
Medical insurance	YES	NO	Specify:
Blood group	YES	DOES NOT KNOW	Specify:
Chronic diseases and/or health conditions	YES	NO	Specify:
Drug or food allergies	YES	NO	Specify:
Medicines for daily use	YES	NO	Specify:
Contraindicated medications	YES	NO	Specify:
Special regime (food)	YES	NO	Specify:
Surgical interventions	YES	NO	Specify:
Pregnant	YES	NO	Specify:
Covid-19 immunization	YES	NO	Specify:
Others	YES	NO	Specify:

In the case of underage participants, the following information must be completed by the accompanying legal guardian.

I, _____, declare that I know and understand the risks involved in participating in this type of activity, a risk that cannot be ignored, even if there is compliance with safety standards accredited by Allmountain, which are intended to reduce the risks involved in the development of this activity.

Furthermore, I authorize the Allmountain Chile team to provide first aid in remote areas, if necessary.

SIGNATURE, NAME AND ID OF PARTICIPANT OR GUARDIAN
(as applicable)