Trip Destination: _____

Single Occupancy: yes ____ no ____

Add-On Trip: _____

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Program Application

Applicant's Name_____ ☐ M ☐ F
Last (as seen on passport) First Middle

Passport Number_____

Address _____

City/State/Zip _____

Telephone (____) _____ D.O.B._____/_____/_____ Age _____

E-mail _____

In case of an emergency notify:
Name Relationship Phone

_____

Brief Medical Information

Are you allergic to any of the following?

☐ Any drugs allergies:

_____

_____

☐ Food allergies or dietary restrictions:

_____

_____

Does applicant use an inhaler? ☐ Yes ☐ No If yes, please identify type:

_____

www.per-alive.com
mickstem@hotmail.com, (406) 892-8830,

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List any current medical or mental health conditions? Please identify and describe:

_____

_____

_____

Is the applicant currently taking any medications – prescription or over the counter?
Please identify the medication, the condition for which prescribed, the dosage and frequency taken:

Medication For what condition Dosage/Frequency

_____

_____

_____

_____

NOTE: Please include a copy of your passport with application.

Program and Activity Consent

Check Boxes Please

☐ I understand that Peru Alive's Cultural Immersion, Experiential Learning, Host Family, Trekking, Travel and Custom Adventure programs are physically and emotionally challenging, and that activities may include, but are not necessarily limited to: kayaking, canoeing, camping, hiking, rock-climbing, rafting, horseback riding, downhill and cross-country skiing, sledding, bicycling, sailing, swimming, scuba diving, airline flights, and other activities. In most circumstances, information concerning participant's mental health or medical information will not be released to persons not employed by Peru Alive, unless imperative to their well-being and safety while participating on a scheduled trip.

☐ I hereby grant Peru Alive, permission to provide transportation for myself or my child on a public carrier (i.e. airplane, train, bus, and school bus), private or corporate vehicle for the purpose of transporting him/her to such location as communicated by the undersigned to Peru Alive for all program needs and events. I hereby release and discharge Peru Alive, its agents, employees, office and directors from all claims, demands, actions, judgments and executions the undersigned may have against Peru Alive for all personal injuries, known or unknown, and injuries to property, personal or real, caused by or arising from provided transportation of myself or my child by Peru Alive as set forth above. I hereby release and discharge Peru Alive, its agents, employees, officers and directors from all claim, demands, actions, judgments and executions which the undersigned may have against Peru Alive, for all personal injuries known or unknown, and damage to property, personal or real, caused by or arising out of my, my child's, or my family's participation in any Peru Alive, program or activity.

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☐ I understand that enrollment in Peru Alive, and all activities relating thereto is governed by the laws of the State of Montana. Any controversy or claim arising out of or relating to these terms, or the making, performing or interpretation thereof, shall be settled by binding arbitration in Helena MT, in accordance with the rules of the American Arbitration Association, then existing, and judgment on the arbitration award may be entered in any court having jurisdiction over the subject matter of the controversy.

☐ I hereby authorize Michael Stemborski - director, or any staff member of Peru Alive to provide authorization/confirmation emergency and/or medical treatment for applicant, at any medical facility, should it be deemed necessary. I understand this will be done on my behalf should Peru Alive be unable to communicate with me or a parent/guardian/spouse/emergency contact at the time of said emergency. I am ultimately responsible for payment of said treatment.

☐ I hereby understand that Peru Alive is not responsible for any financial loss due to unforeseeable global and/or regional events that would render the tour unsafe or incapable of executing. Such as, but not limited to natural disaster, war and military conflict, disease and pandemics, airline and infrastructure shutdowns, and worker strikes. Please review Travel Insurance Recommendations found in the Trip Information Packet.

☐ I understand and agree to disclose all prescription and over the counter medication I am currently taking or initiate while attending Peru Alive's trips or activities. I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with the full knowledge of its significance.

☐ I do ☐ do not agree to be photographed by other participants or Peru Alive staff and representatives. I understand these photos may be used for presentation and marketing purposes.

This form represents all known medical history and personal information.

Participant _____ _____
Signature Date

Parent/Guardian _____ _____
Signature Date

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mickstem@hotmail.com, (406) 892-8830,