



244 5th Avenue • Suite 207
 New York, New York
 10001 – 7604, U.S.A.

PERSONAL INFORMATION					
Expedition / Vessel		Departure Date		Departing Country	
Last Name		First Name		Citizenship	
Address – Street Number and Name					
City and Province/State			Country		Postal Code
Birth date		Passport Number		Expiration Date	Country of Birth
Telephone Number			Email address		
Flight Information – Arrival (to Ushuaia)			Flight Information – Departure (from Ushuaia)		
Airport					
Carrier					
Flight Number					
Time					

I certify that the information provided above is true to my knowledge and that, should any information change, I will advise Haka Expeditions immediately. I understand that the success and itinerary of any expedition is dependent upon weather and other conditions over which Haka Expeditions and Water Proof Expeditions have no control.

 Signature

 Date

The passenger traveling on this expedition is a minor, under the age of 18 years. As the parent or legal guardian of this passenger, I hereby grant permission for said passenger to participate in this expedition. I have read and understood all the terms and conditions and certify that the information provided is true to my knowledge.

 Signature of Guardian

 Date

EMERGENCY CONTACT INFORMATION					
Last Name		First Name		Relationship	
Address – Street Number and Name					
City and Province/State			Country		Postal Code
Telephone Number			Email address		



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PASSENGER MEDICAL INFORMATION

- ✓ This expedition will travel to remote areas with limited medical facilities.
- ✓ The vessel is equipped with only the most basic medical facility. The expedition company, ship owners and all charter companies are released from liability.
- ✓ You must be in reasonable health to participate in the expedition to ensure that you do not place yourself or other members of this expedition at risk.
- ✓ The expedition company and the crew and staff of the ship reserve the right to restrict your participation in the activities of the expedition, including refusal to accept you as a passenger.
- ✓ You are advised to carry with you sufficient regular medication for 7 days longer than your planned itinerary.
- ✓ **YOU MUST OBTAIN MEDICAL INSURANCE THAT WILL REIMBURSE YOU FOR COSTS ASSOCIATED WITH EMERGENCY EVACUATION, REPATRIATION, AND MEDICAL ATTENTION.** Please ensure that you bring a copy of your policy on board.

Please Rate your health: Excellent Good Poor

Please Rate your stamina: Excellent Good Poor

Do you have any medical conditions that require the care of a doctor or have you undergone major surgery in the last 5 years? – if yes, please specify.

Are you taking any medication? – if yes, please specify name, dose, and for how long you have been taking it.

Do you have any heart or respiratory problems? Are you a diabetic? – if yes, please specify.

Do you have any physical or mental limitations, handicaps, or prosthesis? – if yes, please specify.

Do you have any difficulty walking or use crutches, a cane, or wheelchair? – if yes, please specify.

Do you have any food or other allergies? – if yes, please specify.
Do you have any dietary restrictions or preferences? – if yes, please specify.

EMERGENCY CONTACT INFORMATION		
Last Name	First Name	Relationship
Address – Street Number and Name		
City and Province/State	Country	Postal Code
Telephone Number	Email address	

I confirm that I am in good physical condition and health and am capable of participating in this expedition. I confirm that I will not impede the progression and enjoyment of others on this expedition and that I can care for myself throughout the duration and that only basic facilities are available on the vessel. I understand that this expedition will take me far from medical facilities and that evacuation in the case of required medical attention may be difficult and expensive. I attest that I have not been recently treated for any condition or am not currently suffering from any condition that would put me or other participants at risk. **I understand that acquiring medical insurance that will cover me for emergency evacuation and repatriation during my voyage is mandatory.** My signature below hereby attests to the accuracy of the information provided above and to my understanding of the terms and conditions provided by Haka Expeditions and Water Proof Expeditions.

Medical Insurance Provider

Policy Number

Phone Number

Signed

Name (please print)

Date

Signed (Guardian or Parent)

Name (please print)

Date