



Release of Liability and Assumption of All Risks

TOUR: Andorra Hiking Tour April 25-May 1, 2024

I, the participant of the above named excursion, acknowledge that I have voluntarily applied to participate in the trip designated on the itinerary (Andorra Hiking Tour – April 25 to May 1, 2024). I am voluntarily participating on this trip with the knowledge of the numerous risks and dangers involved including but not limited to: physical exertion (for which I am prepared); forces of nature (such as earthquake, tsunami and volcanic activity); travel (in urban and remote & mountainous, coastal or seabound areas), in underdeveloped regions, and by vehicle(s), private van/bus/taxi, train, ferry/kayak/raft, by foot or any other form of active or adventure travel; war, civil unrest, terrorism, natural disaster(s), striking or illness (including pandemic), and / or injury without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention once provided.

I agree to follow all verbal and written rules of safety offered by staff and leader assistants of ADVENTUREBUG S.L (Ltd). I understand that the enjoyment of the activity(s) I have elected to become involved in is derived in part from the inherent risks incurred by travel and activity beyond the accepted comforts and safety of life at home or work, being a reason for my participation.

I accept that in the event of accident, illness, death, forced or voluntary quarantine or trip delay and/or cancellation that I will cover my own expenses in the form of a valid insurance policy or similar. I agree that the tour operator, Adventure Bug S.L. (Registered Number AT/MA/0022), and the guiding support named below, do not provide insurance for my expenses incurred from medical expenses including and not limited to; ambulance and evacuation services, hospitalization, doctor visits, surgery, prescriptions, trip cancellation, delays, etc. As a condition of travel on this excursion, I agree to provide a copy of my personal travel insurance policy to the trip organizers prior to departure.

I understand that ADVENTURE BUG S.L., led by Ginette Beaudoin and Anna Panszczyk reserve the right to refuse any person it believes to be incapable of meeting the rigors and requirements of participation on this trip or portions of this excursion.

I acknowledge that as a lawful consideration and for being permitted to participate in this such trip(s), I hear by *RELEASE AND DISCHARGE ADVENTUREBUG S.L. and the two aforementioned leader assistants FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION IN THE TRIP.* I agree that this release shall be legally binding upon me personally under European Union Laws in the jurisdiction of Spain where the company is legally registered.

NAME (printed) _____

SIGNATURE _____

DATE _____