

Phone: 01-214-557-7771 (US), 351-963-074-037 (Portugal)

Email: frstevedanzey@gmail.com

BOOKING FORM

	ed couples may comp dult and the Second P				
First Participant Title					
First Name Middle Name			Last Name		
(as it appears on y	our passport)				
Name Known By			Date of Birth		
Gender	_ Nationality		Passport No		
Passport Issue Date Passport Expiry Date					
Address		City	State	_ Zip Code	
Cell Phone E-mail					
Second Participar					
(as it appears on y	Middle Nar /our passport)	ne	Last Name		
Name Known By			Date of Birth		
Gender	_Nationality		Passport No		
Passport Issue Da	Passport Issue Date Passport Expiry Date				
Address		City	State	_ Zip Code	
Cell Phone	E-ma	ail			
ACCOMMODATION	ON INFORMATION				
Twin or Do	uble Room (for couple	s)			
Shared Ro	om				
Name of Roor	nmate			<u> </u>	
I would like for the trip leader/Aspirar to assign a suitable roommate.					
Single Room (supplement fee applies)					
Please list any die	etary restrictions				

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PAYMENT INFORMATION

CONTINUE FOR:

AGREEMENT

Pay by Zelle (rrstevedanzey@gmail.cor Pay by credit card through PayPal (Asp Pay by Bank Transfer (contact frsteved	oirar Tours, LLC)	•,
		•
No. of Participants X	Deposit =	TOTAL
The booking is completed upon receipt of 25% of trip cost. A confirmation email received no later than 120 days prior to the found in Terms and Conditions. Trave	I will be sent to confirm. the start date of the tour.	Full payment must be Cancellation terms may
By signing this Booking Form, I have read a appears on Aspirar, LLC's website (aspirarte acknowledge that I have read, agreed to, ar Assumption of Risk and Indemnity Agreeme Participant Due to Disruptive Language, Bell Payments. I certify that at the time of signinand complete the trip itinerary.	ours.com) and contained ind signed the Release and ent, as well as Aspirar, LLC havior, or Conduct and Fo	n this Booking Form. I I Waiver of Liability, C's Right to Expel orfeiture of Tour
Signature of First Participant		
Printed Name	Da	ıte
Signature of Second Participant		
Printed Name	Da	ıte
BOOKING FORM CHECKLIST		
Signed Booking Form		
Signed Release and Waiver of Liability well as Aspirar, LLC's Right to Expel Participe Conduct and Forfeiture of Tour Payments	•	, ,
Deposit payment via Zelle, Venmo, Pa	ayPal or bank transfer	
Copy of passport/passports (picture pa	age only).	

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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY



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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Read this Agreement carefully as it is a legally binding contract. Both parent/legal guardian must sign for minors under 18 years of age.

In consideration for my acceptance as a participant in the tour arranged for me by Aspirar, LLC ("Aspirar," "we," or "us"), and the services to be provided to me by Aspirar, I acknowledge and agree as follows:

<u>RESPONSIBILITY:</u> I understand that Aspirar uses reasonable care in the selection of its suppliers, who to its knowledge are reputable and competent based on information that is reasonably available to it. I understand that Aspirar acts only as an intermediary for its suppliers and, as such, assumes no responsibility and cannot be held liable for any negligent or willful act or omission of any supplier, or of any other person or entity. A supplier's services are subject to the supplier's own terms and conditions and its local laws, regulations, and treaties where applicable.

ASPIRAR TOURS, LLC'S RIGHT TO EXPEL PARTICIPANT DUE TO DISRUPTIVE LANGUAGE, BEHAVIOR OR CONDUCT AND FORFEITURE OF TOUR PAYMENTS:

Aspirar shall have the sole right to expel a Participant from a tour at any time and to terminate its services and obligations to such Participant and any other person listed on this Booking Form if Participant fails to follow the instructions of Aspirar or its suppliers or if Participant's language, behavior or conduct either prior to or during the tour is, in the sole discretion of Aspirar, threatening or endangering or likely to threaten or endanger the safety, health or well-being of other Participants on the tour or the safety, health or well-being of the Participant himself or herself. In addition, Participant and any other person listed on this Booking Form shall forfeit all payments made in connection with the tour with no right to a refund of such payments. Participant and any other person listed on this Booking Form who are expelled from the tour are solely responsible for making and paying for the costs and expenses incurred as a result of their departing the tour.

ASSUMPTION OF RISK: I am voluntarily participating in this tour with the knowledge of the numerous risks and dangers involved, which include but are not limited to: accommodations, roads, trails, vehicles, boats or aircraft, or other means of conveyance which may not be maintained or operated to standards common in my country; dangers and risks inherent in the activities set forth in my itinerary; dangers and risks inherent in walking and hiking in outdoor settings (e.g., cultural sites, dirt and rocky paths and rural roads, as well as steep or hazardous inclines), including but not limited to falling or tripping on uneven surfaces or debris; food-borne illnesses from eating local or other foods; emotional trauma; personal injury; disfigurement; temporary or permanent disability (including paralysis); death; acts of God and force majeure; the hazards of traveling in unsafe or politically unstable areas or under unsafe conditions; (cont.)

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6009 W. Parker Rd. #149-425, Plano, TX 75093 Phone: 01-214-557-7771 (US),

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(cont.) road blocks; civil disturbances, social or labor unrest, terrorist activities, and war; physical exertion for which I am not prepared; environmental conditions/hazards (e.g., slippery roads due to rain, mudslides); transportation failures or the failure of any transportation mechanism to arrive or depart timely or safely, whether by aircraft, bus, van, car, bike, boat, horseback or other animal, by foot, or by any other conveyance; equipment failures or deficiencies; contact with wildlife, marine life, pests and insects, including bites and stings; accident or illness in remote or rural places without access to medical facilities, transportation, or means of evacuation and assistance; the adequacy of medical attention; medical or dietary restrictions; mechanical or construction failures or difficulties; diseases, epidemics or the threat thereof; stolen, lost or misplaced luggage or property; theft or break-ins into vehicles, lodging or elsewhere; local laws; climactic conditions; abnormal conditions or developments; or any other actions, omissions, or conditions outside of our control that are not specified in this agreement. I expressly agree to be responsible for my own welfare and fully assume all of the above risks, as well as all other risks set forth in this agreement, both known and unknown, voluntarily and knowingly, to the fullest extent permitted by law.

WAIVER OF LIABILITY, RELEASE, INDEMNIFICATION, AND COVENANT NOT TO SUE: To the fullest extent permitted by law, I on behalf of myself, my heirs, legal and personal representatives, next of kin, including my spouse, successors and assigns (collectively, "Releasors") expressly RELEASE, WAIVE, FOREVER DISCHARGE AND COVENANT NOT TO SUE Aspirar Tours, LLC, its owners, officers, employees, managers, shareholders, affiliates, agents, representatives, officers, directors, volunteers, successors and assigns (collectively, "Releasees"), from and against any and all liability, claims, causes of action, demands, attorney fees, costs, damages, losses or suits of any and every kind collectively which I now have or may later have against Releasees arising out of, relating to, or in connection with any services arranged through or provided by Aspirar, whether arising from Releasees' negligence or otherwise. I further agree that if any causes of action are brought against Releasee(s) and I am found responsible for injury or damages to any person, including myself, as a consequence of my own actions or inactions, I shall fully DEFEND, INDEMNIFY, AND HOLD HARMLESS Releasee(s) in such causes of action.

I AGREE THAT THE TERMS OF THIS AGREEMENT SHALL SERVE AS A COMPLETE RELEASE AND EXPRESS ASSUMPTION OF RISK: for myself, all members of my family and all minors traveling with me, all my and their heirs, next of kin, successors, assigns, and legal and personal representatives.

It is my intention to fully assume all risks associated with this trip and to release Aspirar from any and all liability to the maximum extent permitted by law.

<u>APPLICABLE LAW, CHOICE OF FORUM AND SEVERABILITY:</u> This agreement will be interpreted according to the laws of the State of Texas, USA. Jurisdiction over any dispute arising out of, in connection with, or relating to this agreement and/or the transactions and relationships among the parties contemplated by this (cont.)

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(cont.) agreement shall be filed exclusively in state, local or federal courts in Plano, Collin County, Texas. I and all other Releasees agree to personal jurisdiction in the specified forum.

KNOWING AND VOLUNTARY EXECUTION: By signing this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I certify that I have read this agreement, fully understand all of its terms, and voluntarily agree to be bound by its terms. My signature applies to all pages of this agreement. These representations are true whether I am signing on my own behalf or on behalf of a minor.

I agree that execution of a facsimile counterpart or electronic transmission of this agreement shall be deemed execution of the original agreement.

I agree that facsimile or electronic transmission of an executed copy of this agreement shall constitute acceptance of this agreement.

I agree to the Terms and Conditions as stated on the Booking Form and on Aspirar, LLC's website (aspirartours.com).

Signature of First Participant	
Printed Name	Date
Signature of Second Participant	
Printed Name	_ Date

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