

New View Tours, Inc.



Reservation Form

Culture & Crafts at Hacienda Cusin - Ecuador

February 21 - 28, 2012      \$1500 per person

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Full Name \_\_\_\_\_ Passport # \_\_\_\_\_

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Name \_\_\_\_\_ Passport # \_\_\_\_\_

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Address \_\_\_\_\_

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Email: \_\_\_\_\_

Telephone: Home : \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home : \_\_\_\_\_ Work: \_\_\_\_\_

DEPOSIT OF \$200 TO NEW VIEW TOURS:

\_\_\_\_\_ I enclose a check:    \_\_\_\_\_ Process my credit card    \_\_\_\_\_ I will pay in full now.

Credit Card # \_\_\_\_\_, Expiration Date: \_\_\_\_\_

Credit Card Type: VISA MASTECARD

New View Tours accepts credit cards but must charge a 5% processing fee.

New View Tours, Inc. P.O. Box 583 Stockbridge, MA 01262 Tel (413) 298 5314  
[www.newviewtours.com](http://www.newviewtours.com), [Ramelle@newviewtours.com](mailto:Ramelle@newviewtours.com)

# Permission for Emergency Medical Treatment

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: : \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

In the event of an emergency, illness or injury affecting me, I, the undersigned, hereby authorize immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician or other medical personnel, including but not limited to administering an anesthetic and performing necessary surgery.

Further, \_\_\_\_\_, who is going on the trip, may make emergency medical decisions for me, including, but not limited to decisions related to transferring me to alternate medical facilities outside of the United States or to the United States for additional medical care.

I am covered by health and accident insurance that provides coverage while traveling out of the United States under the following company and policy:

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I have also acquired trip insurance that provides coverage while traveling out of the United States:

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Traveler's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Traveler's signature

\_\_\_\_\_  
Date

# WAIVER AND ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

Ecuador – The High Sierra Tour February 21 – February 28, 2012

IN CONSIDERATION of being allowed to participate in the trip to Ecuador from February 21 – 28, 2012 and any extension trip planned for the days before these dates, or during these dates, sponsored by New View Tours Inc.,(NVT) further known as NVT, I acknowledge and agree to the following:

1. **ASSUMPTION OF RISK AND RELEASE FROM LIABILITY:** I understand and accept that NEW VIEW TOURS, INC. acts as an operator of trips which may expose me to hazards and elements of danger, and that participating in trips such as the one I am undertaking entails risk of illness, danger to property, personal injury and loss of life. I acknowledge that the enjoyment and excitement of travel derives in part from the inherent risks involved in travel and activities beyond the normal and expected safety standards of life in my customary place of residence, that such additional and/or inherent risks contribute to such enjoyment and excitement, and are one of the reasons for my desire to participate in this tour.
2. I FULLY REALIZE THE HAZARDS OF PARTICIPATING IN A TOUR OF THIS TYPE AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. I understand the risks include, by way of example and not limitation, the hazards of traveling in remote and/or mountainous terrain, accident or illness in remote places without readily available medical facilities, emotional trauma, the forces of nature, civil disturbances, street crime, traffic accidents, high altitude disorders, and other hazards of such a tour, including but not limited to problems associated with food, water, lodging, transportation, public health, and sanitation. I understand that neither NVT nor any of its providers undertake to provide any medical care or assistance to me in the event of illness or injury to me, except to make reasonable efforts to direct or transport me at my expense to medical assistance
3. The suppliers of tour services are independent contractors to NVT, not its employees. For example, we use independent ground operators, tour guides, hotels, transportation companies, drivers, airlines, and other suppliers. Because we do not own, operate, manage, control, or supervise these entities, we cannot be liable for any acts or omissions, including any negligence, gross negligence, or reckless or willful acts, on their part. NVT its owners, agents, and employees assume no responsibility for any injury, loss, damage, delay, or death to person or property arising from the negligent or willful act or failure to act of any person providing goods or services for this trip, or for the action or inaction of any other third party. Without limitation, NVT is not responsible for acts of God, equipment failures, vehicle accidents, illness from food or otherwise, detention, assaults, theft or criminal activity, annoyance, delays, quarantine, strikes, failure of any means of conveyance to arrive or depart as scheduled, civil disturbances, terrorism, government restrictions or regulations, and discrepancies or changes in transit or hotel services over which it has no control.
4. This waiver and release of liability shall be governed by and construed in accordance with the laws of the state of Massachusetts without regard to any conflicts or law revisions or principles to the contrary.
5. I agree that it is my sole responsibility to be familiar with and capable of handling the mental demands associated with the tour I have chosen. With these demands in mind, I declare that I have no physical, mental or psychological condition that would endanger myself or others if I participate in this tour, or that would interfere with my ability to participate.
6. I agree to abide by any rules established by the Tour Leader while I am participating, and understand and agree that failure or refusal on my part to do so shall entitle NVT at its option to deny me further participation in the tour. No such refusal by NVT shall be grounds for refund to me of any funds or portion thereof paid for the tour or any services associated with it.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND ASSUMPTION OF RISK AND RELEASE OF LIABILITY, THIS WAIVER AND RELEASE SHALL BE BINDING ON MY EXECUTORS, HEIRS, AND ASSIGNS. THE WARRANTIES AND REPRESENTATION IN THIS AGREEMENT SHALL SURVIVE THE DATES OF THE EVENT OR ACTIVITY.

SIGNED THIS DAY \_\_\_\_\_, 20\_\_\_\_.

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SIGNATURE

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PRINT NAME

**Please return this form to New View Tours, Inc.**

New View Tours, Inc. P.O. Box 583 Stockbridge, MA 01262 Tel (413) 298 5314  
[www.newviewtours.com](http://www.newviewtours.com), [Ramelle@newviewtours.com](mailto:Ramelle@newviewtours.com)