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## PHOTOGRAPHY WORKSHOP REGISTRATION FORM

Please complete and sign this registration form and return by email to [ignacio@iptravelphotography.com.au](mailto:ignacio@iptravelphotography.com.au)

Workshop Deposit to: Ignacio Palacios, Westpac BSB: 032-689 Account No.: 216325 Swift Code: WPACAU2S

Photographic Workshop: .....

Your Name: .....

Do you wish to book a private room\*:  Yes  No

*\*Note that a single supplement applies*

### PERSONAL DETAILS

Name and Surname (as it appears in your passport): .....

Date of Birth (as it appears in your passport): .....

Nationality (as it appears in your passport): .....

Male  Female

Name or Spouse/Partner travelling with you (if applicable): .....

Street Address: ..... State/Region: .....

Post Code: ..... Country: .....

Contact Phone Number (include Country and Regional Code if outside Australia):.....

Mobile Phone Number (include Country and Regional Code if outside Australia): .....

Email: .....

Additional information (e.g. dietary requirements, allergies):  
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.....

I confirm that I hold or I will hold the **mandatory insurance**, inclusive of travel protection and medical emergency evacuation insurance prior or on the Date of Departure. IP Travel Photography recommends participants to purchase a **travel protection insurance** prior to paying the first deposit.

I confirm that that I have read and understand the Terms and Conditions, Health Considerations in the Workshop Itinerary that can be downloaded from [www.iptravelphotography.com.au](http://www.iptravelphotography.com.au)

Signature: ..... Date: .....

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**PASSPORT DETAILS**

Name (as it appears in your passport): .....

Passport Number: .....

Nationality: .....

Date of Issue: .....

Date of Expiry: .....

**EMERGENCY CONTACT DETAILS**

Name: .....

Relationship to you: .....

Street Address: ..... State/Region: .....

Post Code: ..... Country: .....

Telephone Number: .....

Email: .....

**HEALTH CONSIDERATIONS AND HIGH ALTITUDE TOURS (ATACAMA, ALTIPLANO, PUNA, PERU)**

In some tours you may experience high altitude sickness. Please consult with your GP or doctor to make sure you are fit and healthy to travel. Otherwise, we would recommend not to travel with us if you have some type of cardiac condition or high blood pressure. In order to maximize your personal safety and ensure that the tour itinerary is suitable for you, we kindly ask you to fill in the form below. All your personal information will be strictly kept confidential in our archive.

General health conditions:                      Excellent       Good       Sufficient       Poor

Pre-existing health conditions: .....

Sports activity:                                      High                       Medium                       Low

Blood pressure:                                      High                       Medium                       Low

Blood type/group (if known): .....

**Other illnesses and medications that we need to be aware of (such as agrofobia, agoraphobia, aerophobia, anxiety, panic disorders, depression, bipolar, parkinson disease etc.)**

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Previous experience at high altitude

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Travel and Medical Insurance Policy (document to be provided)

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### **TERMS OF REGISTRATION**

I am aware that by participating in this photography workshop there could be risks and dangers while travelling to remote areas. These could include loss and damage of property, illnesses, personal injuries and death. These accidents could be a consequence of diseases, food-related issues, climate, forces of nature, wildlife, quarantine, robbery, political instability, terrorism, strikes, government restrictions, strikes, and travel accidents whilst walking on foot, car trips, airplanes, boats/ship, four-wheel drive or other types of transportation.

I assume all such risks and I hereby release IP Travel Photography from any and all liability actions, claims and demands of every kind that might arise in connection with the activities offered in this workshop. I have read and I agree to the conditions in the detailed itinerary including the sections on terms of payment, insurances, cancellations, refunds, fitness, health considerations and terms and conditions. I understand the document and I agree to be bound by its contents.

By signing this document I am waiving (to the fullest extent permitted by law) all claims that I might have against IP Travel Photography in respect of any loss or injury as a direct/indirect consequence of participating in this photography workshop.

### **MEDICAL RELEASE / EMERGENCY TREATMENT CONSENT**

In the event of an emergency, if I am unable to provide consent and if the emergency contacts that I have listed for me cannot be reached, I hereby grant IP Travel Photography, or their designee the authority to arrange for transport to the nearest medical care facility, and authority to authorize emergency medical treatment as deemed necessary in the sole discretion of IP Travel Photography or designee.

I further hereby grant permission to medical personnel, physicians and surgeons, EMTs, first aid stations, and medical clinics to provide clinical or x-ray treatment that any attending physician, his/her assistants or medical, clinical or hospital personnel deem in their judgment to be necessary, including, but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen. I consent to the administration of anesthesia to me and to the use of such anesthesia as may be deemed desirable. I authorize any IP Travel Photography or sub-contracted staff that are trained in basic first aid and/or CPR to administer first aid and/or CPR to me when appropriate. I also authorize IP Travel Photography and/or its designee to perform life-saving measures involving the provision of supplementary oxygen and the use of a portable hyperbaric chamber (Gamow Bag) in case I exhibit symptoms of High Altitude Cerebral Edema, or other types of High Altitude sickness and cannot provide consent.

I here by, for myself, my respective heirs, administrators, successors, and assigns, expressly release, waive, and agree to indemnify IP Travel Photography Pty Ltd and all of its officers, directors, agents, servants, administrators, representatives, and employees from any and all claims that I might have arising from any personal or other injury, including death, loss or damage to property, or other loss or harm of any kind that I might suffer in connection with the administration or authorization of emergency medical treatment, including liability for negligence (but not liability arising from gross negligence or intentional wrongful acts) on the part of IP Travel Photography or IP Travel Photography officers, directors, servants, administrators, employees, and agents.

This consent shall be governed by and interpreted in accordance with the laws of the State of New South Wales, without giving effect to principles of conflict of laws.

I acknowledge that I have read the Emergency Treatment Consent, fully understand it, and agree to its terms.

**I have read this whole document including the Terms of Registration, the Medical Release and the detail itinerary and I understand it and I agree to be bound by its contents.**

Name (please print clearly using capital letters): .....

Signature: ..... Date: .....

Please sign both pages. A confirmation of your booking will be sent to you by email upon receipt of the deposit and a completed Registration Form. By signing this form you give permission to IP Travel Photography to use images of footage taken during the tour for promotional purposes unless otherwise noted by the participant. Any images/videos of the participant will be given to the participant if requested.