

RISK AND LIABILITY WAIVER

To participate in any La Dolce Vita Food Tours, LLC. program, you must sign and mail an original copy of this form to our office at the time of registration. This form must be received 90 days prior to the program to guarantee your space in the tour.

By attending one of our programs you are accepting certain risks. Your application shall serve as a release of our liability and a complete assumption of all risks by you and your heirs, administrator, executor, successors, and assign for all family members and any persons accompanying you. By signing the waiver, your signature on the application indicates that you are aware that travel, wherever it may be and by whatever means, involves some inherent risk of injury, illness, death, loss, or damage to personal property, which may be caused by acts of nature, negligence or actions of others. In consideration of, and as part of the payment for your participation in a program, workshop, excursion, expeditions, other activities, or any program that La Dolce Vita Tours, LLC or their assigns,

may be conducting, you are voluntarily releasing La Dolce Vita Tours, LLC, their employees, assigns, independent contractors, and all those involved with it, from any liabilities, because, by participating you agree to assume all risks yourself.

You are voluntarily traveling to areas that may be remote, mountainous, or have cobblestoned city streets, which may not be maintained to the standards to which you are accustomed and therefore may involve certain additional risks, dangers, and inconveniences including, but not limited to: terrorism, forces of nature, wild animals, roads, walkways, trails, and other means of conveyance. We assume no liability for medical care. We assume no liability for dietary requirements you have.

Your application signifies your full understanding and agreement that you release and hold harmless La Dolce Vita Tours, LLC its officers, agents, sponsors, associates, sub-contractors, from any and all liability, actions, causes of actions, claims, debts, and demands of every kind whatsoever which you now have or which may arise in connection with your participation in any activities arranged by them without limitation, all liability, actions, causes

of action, claims, debts, and demands related to the negligence of said persons.

You must understand that travel with a group invariably involves compromise to accommodate the diverse desires, travel goals, personalities, and physical abilities of group members. You also understand that while itineraries are carefully planned, they are not a guaranteed schedule of activities, events, or participation, but only a guideline and example.

Group participants must allow for flexibility and changes deemed necessary by the program leader or professional guides. There may be situations beyond our control due to geographic, climatic, physical, or governmental restrictions that will cause further changes in timing, locations, and activities. You understand that there will be no discounts or refunds for activities curtailed or otherwise affected by such circumstances.

You have assumed the responsibility to select an activity appropriate to your physical abilities and interests. You are personally responsible for being in sufficiently good health to

undertake the activity. By submitting this signed application and waiver forms, your deposit, and your proof of insurance, you certify that you do not knowingly have any physical or other considerations of disability that would create a risk for you or other participants. We reserve the right to request a doctors statement of good health.

You will be responsible for studying all pre-trip information; for bringing all equipment, personal items, and appropriate clothing; for conforming to standards of dress and hygiene; and for acting in a manner considerate of fellow participants, locations and environments. We reserve the right to cancel any activity and to accept or reject any person as a member of any activity. The program, workshop, expedition, excursion, or trip leaders judgment shall provide the ultimate determination of an individuals ability to participate in, or continue to participate in, any activity or program.

Your signature on this form is an acknowledgement of your understanding of your responsibilities and your consent and acceptance of them.

Signature_____Date_____

Print

Name_____

Tour

Date_____

This form must be printed out, signed, and mailed with your deposit to our office to hold your space.

Michael Lewis dba La Dolce Vita Tours, LLC

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