



Andes Mountain Guides LTD.
PO Box 1175 Bozeman, MT 59771
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Medical Evacuation Declaration

This form must be signed and returned:

Andes Mountain Guides provides exciting adventure travel and mountaineering experiences in the finest locations. Although we do everything possible to ensure our guests have a safe experience, unavoidable accidents do occur. An illness or injury in one of the remote areas we may be visiting could require a medical evacuation which could easily cost upwards of \$100,000 and is usually not covered by medical or trip insurance. For this reason, **we require our clients acknowledge the risks** involved and strongly suggest that they purchase medical evacuation coverage that includes field rescue before they begin their trip.

Although Andes Mountain Guides does not require rescue coverage from any company in particular, **we strongly recommend Global Rescue**, as we have found them to be the best rescue company out there. They provide world-class field rescue, medical, security and evacuation services from anywhere in the world, even the most remote areas, and have no altitude restrictions which you typically find with other programs. To make this process easier for our clients, Andes Mountain Guides can expedite the enrollment process if you choose a Global Rescue membership. No matter what your personal decision, the appropriate sections of this questionnaire should be filled out completely and returned to Andes Mountain Guides.

I already have rescue and evacuation coverage:

Company: _____ Membership #: _____

Exp Date: _____ Phone number: _____

I wish to purchase a Global Rescue Membership:

YES! Please enroll me (and my family) in Global Rescue for this trip. My information is below:
*** Clients over age 75 must call Global Rescue Member Services 1-800-381-9754 / 1-617-459-4200**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth: _____

Emergency Contact Information:

Individual medical: 7 days \$119 14 days \$159 30 days \$229 Annual \$329*

Family medical: 7 days \$199 14 days \$289 30 days \$389 Annual \$579*

Individual medical/security: 7 days \$225 14 days \$315 30 days \$455 Annual \$655*

Family medical/security: 7 days \$395 14 days \$575 30 days \$775 Annual \$1155*

**Annual plans listed allow for an unlimited amount of trips up to 45 days per trip abroad. For longer options, call Global Rescue at 1-800-381-9754 / 1-617-459-4200*

Family Member names / ages: (for family memberships only)

Family is defined as an individual, their partner and up to 4 dependent Children (under 18 or 23 if full-time students)

_____ Date of Birth

_____ Date of Birth

_____ Date of Birth

_____ Date of Birth

_____ Date of Birth

Credit Card Information:
 Payment by (Circle One) Visa MasterCard Amex

Card Number: _____ Security Code: _____

Signature: _____ Exp Date: _____

I ACKNOWLEDGE THAT THERE ARE SIGNIFICANT AND INHERENT RISKS AND HAZARDS INVOLVED IN THE SPORTS OF CLIMBING, TREKKING AND SKIING IN REMOTE AREAS THAT MAY REQUIRE EVACUATION AND THAT I HAVE BEEN ADVISED TO PURCHASE A RESCUE PLAN TO COVER THE COSTS OF ANY EVACUATION AND RESCUE DUE TO ILLNESS INJURY OR FOR ANY OTHER CIRCUMSTANCE OR PURPOSE.

BY SIGNING BELOW, I ACCEPT FULL RESPONSIBILITY FOR ANY EXPENSES RELATED TO RESCUE AND, EVACUATION AND CHOOSE NOT TO PURCHASE A RESCUE PLAN.

Dated: _____

Signature: _____ Print Name: _____

BY SIGNING BELOW, I ALSO CERTIFY THAT I HAVE MEDICAL INSURANCE AND I UNDERSTAND ANDES MOUNTAIN GUIDES IS NOT RESPONSIBLE FOR ANY MEDICAL FEES INCURRED.

Dated: _____

Signature: _____ Print Name: _____