

LIABILITY WAIVER & ASSUMPTION OF RISK

Turkmenistan Tour – On-site Form

Tour Operator (Local Supplier): Darvaza Travel (operated by “Iki Ganat” Individual Enterprise, Turkmenistan)

Tour / Itinerary: _____

Tour Date(s): _____

Booking Reference (VELTRA): _____

Participant Information

Full name (as in passport): _____

Passport No.: _____ **Nationality:** _____

Date of birth: _____ **Phone/Email:** _____

Emergency contact (name/phone): _____

1) Travel Insurance (Mandatory Condition)

I confirm that I have valid **overseas travel insurance** covering, at minimum, medical expenses and emergency assistance for the tour period in Turkmenistan. I understand that the Tour Operator is not my insurer and does not provide insurance as part of the tour price.

Insurer: _____ **Policy No.:** _____ **Assistance phone:**

2) Assumption of Risk

I understand that travel and tour activities may involve risks, including (but not limited to) road travel, vehicle incidents, uneven terrain, desert conditions, extreme temperatures, dust/sand, limited access to medical facilities in remote areas, delays/changes due to weather or local conditions, and actions of third parties. I voluntarily participate and accept these ordinary risks.

3) Health & Compliance

I confirm that I am physically and mentally fit to participate. I agree to follow reasonable safety instructions provided by guides/drivers and to comply with local laws and rules. I understand that unsafe or unlawful behavior may result in my removal from activities without refund of costs already incurred where permitted.

4) Release of Liability

To the fullest extent permitted by applicable law, I release and hold harmless the Tour Operator, its owners, employees, guides, drivers, contractors, and agents from claims arising from my participation (including injury, illness, death, loss, damage, delay, or expense), **except** where caused by the Tour Operator's **intentional misconduct or gross negligence** (where such limitation is not permitted by law).

5) Medical Assistance Authorization

If I become ill or injured and cannot provide consent, I authorize the Tour Operator to arrange reasonable emergency assistance (including contacting medical providers and/or authorities). I agree that any costs not covered by my insurance (including deductibles, exclusions, or limits) are my responsibility.

6) Personal Property

I am responsible for my personal belongings. The Tour Operator is not responsible for loss, theft, or damage to personal property unless required by applicable law.

7) Governing Law

This waiver shall be governed by the laws of **Turkmenistan**.

I have read and understood this document and sign it voluntarily.

Participant signature: _____ **Date:** _____

Printed name: _____

Tour Operator representative (optional): _____ **Date:** _____