

WAIVER

PLEASE READ CAREFULLY

I wish to take part in an adventure travel programme with White Desert Limited to and within Antarctica and the sub-Antarctic region.

I am aware that White Desert Limited requires each programme participant to execute and deliver to them a release in this form before they will be permitted to embark upon the programme.

I am aware that, as an adventure traveller in Antarctica, I will, in addition to the usual dangers inherent in skiing, hiking or mountaineering expeditions and visiting for protracted periods a remote Antarctic field camp, be exposed to certain additional dangers and risks specific to travel in Antarctica and the sub-Antarctic region, including without limitation:

- a) Extreme weather conditions which can change rapidly and without warning;
- b) Extreme low temperatures which, particularly when compounded by strong winds, can have rapid and adverse effects on the human body and its metabolism;
- c) The effect of oxygen depletion of visiting regions of higher apparent altitude;
- d) Exposure to solar radiation which may be more intense than in other parts of the world and may be aggravated by reflection from the ice and snow creating additional dangers and risks to skin and eyes;
- e) Extreme low temperatures and the effect of oxygen depletion may cause adverse effects from any drugs or medication. In particular, and without limiting the generality of these risks, the self administration of any medication for accelerated acclimatization to altitude is not recommended;
- f) The remoteness of the Antarctic region from any modern facilities – medical conditions that do not normally pose a serious threat to one's health or safety where medical treatments are readily accessible may be exacerbated by the logistical delays involved in obtaining medical treatment in Antarctica and the sub-Antarctic region;
- g) Hazardous, little known terrain covered in ice and snow which may disguise or completely obscure dangers such as, but not limited to, unstable slopes, ice holes or crevasses;
- h) Risks to air travel – the general lack of air traffic control facilities and meteorological prediction facilities in Antarctica and the sub-Antarctic region all mean that information normally available to aircrews is often unavailable. Search and rescue infrastructure is, of course, similarly limited.

I acknowledge that the enjoyment and excitement of adventure travel to and within Antarctica and the sub-Antarctic region is derived in part for the participation in activities in an extreme environment away from the facilities of modern civilization and that the inherent risks of travel in this environment contribute to such enjoyment and excitement.

As a condition of and in consideration for White Desert Limited permitting me to participate in the programme, I, for myself and on behalf of any of my heirs, legal/personal representatives and executors agree as follows:

1. To assume voluntarily all of the known and unknown risks inherent in adventure travel that may result both from participation in the programme itself and in transportation to or from the programme route and any rescue operations or procedures, including, without limitation, the risk of personal injury, death, loss of damage to person or property and any loss, costs or expenses resulting therefrom;
2. To waive voluntarily any and all claims I may now and in the future have against White Desert Limited, and to release White Desert Limited from all liability and not to sue White Desert Limited or any of its officers, directors, subsidiaries, affiliates, parent companies, employees, air-crew, guides, agents, representatives, contractors, sub-contractors or suppliers (collectively "its staff") for any negligent rescue operations or procedures, any personal injury, death, property damage or any other loss, damage, cost or expenses (including legal fees) sustained by me, other than death and personal injury arising from the negligence of White Desert Limited or any of its staff for which White Desert Limited are legally responsible;
3. I am medically, physically and in all other respects, fit and fully able to participate in adventure travel to and in Antarctica or the sub-Antarctic region and that I have no special medical requirements or conditions except as described in the Medical Form submitted in conjunction with the application to participate in the programme;
4. I am solely responsible for my own medical, accident and life insurance coverage and have obtained coverage suitable for my participation in an adventure travel programme to Antarctica;
5. I voluntarily enter into this agreement and have elected to participate in the programme of my own free will;

I acknowledge and confirm that I, having read and understood this agreement in its entirety, agree;

- a) To be bound by all of the terms hereof;
 - b) Confirm that this agreement will be binding on my heirs, next of kin, executors, administrators and successors and that this agreement can only be modified or changed by agreement in writing signed by one of White Desert Limited's directors.
6. This agreement and any dispute or claim whatsoever relating to it or its formation shall be governed by and construed in accordance with English law and the parties irrevocably agree that the courts of England shall have exclusive jurisdiction.

I HAVE READ THIS ASSUMPTION OF RISK, INDEMNITY AND RELEASE AND WAIVER OF ALL CLAIMS AND LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE BELOW TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO WHITE DESERT LIMITED AND ITS STAFF TO THE GREATEST EXTENT ALLOWED BY THE LAW.

Signed this day of, 20.....

Signature:

Name:..... (please print)

Address:

.....

.....

Date of Birth:...../...../.....(dd/mm/yy)

PLEASE NOTE THAT IF YOUR COMMAND OF THE ENGLISH LANGUAGE IS LIMITED, THE ABOVE DOCUMENT **MUST** BE TRANSLATED INTO YOUR NATIVE LANGUAGE AND THE FOLLOWING SECTION BE COMPLETED BY A SUITABLE INTERPRETER.

ENDORSEMENT OF INTERPRETER (where applicable)

I CERTIFY that:

1. I have knowledge of English and (language spoken by the above named) and I am competent to interpret from one to the other.
2. Before the above named signed the Waiver on which this Endorsement is made, I correctly interpreted the Waiver for the above named from English into..... (language spoken by the above named) and he/she appeared to fully understand its contents.

Dated this day of, 20.....

Signature of Interpreter:

Name:..... (please print)

Address:

.....

.....

Date of Birth:...../...../.....(dd/mm/yy)