| | DISCLAIMA | ATION | | | | |
|-----------------|---|-----------|--|--|--|--|
| | This disclaimer was made on date, by UMOVE JSC at "Umove"), and | t 117 Va | n Cao, Lieu Giai, Ba Dinh, Hanoi (hereinafter referred to as | | | |
| | Mr. / Mrs: is a citizer | n of: | | | | |
| | with ID / passport No.:, | | | | | |
| | | fter refe | erred to as "Customer"). | | | |
| | WHEREAS: Umove organizes tour programs to give customers the most authentic experiences at various levels, including transportation, accommodation, mountaineering, camping and exploration; | | | | | |
| | WHEREAS: Customers wishing to use one or more types of adventure travel services provided by Umove; WHEREAS: Umove is ready to provide travel services to customers under the following terms and conditions: | | | | | |
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| 1. | Umove assumes no responsibility for any damage to persons or property that is directly or indirectly related to the services provided by Umove. (Customer understands, acknowledges and | 7. | The customer agrees to abandon the itinerary at the discretion of the tour guide or tour leader if it is not possible to complete any stages of the trip due to insufficient health/physical; | | | |
| | agrees that adventure tours such as mountaineering, camping, exploring caves, always exist risk, dangerous factors that are not related to safety factors in the scope of equipment provided by the company.); | 8. | The customer agrees that Umove will not be liable for any costs incurred (meals, airplanes, buses, vehicles) if the itinerary ends improperly as scheduled due to objective reasons., or in the event Customer terminates the advance due to health / physica | | | |
| 2. | The customer accepts the rights of the tour guide, the administrator and staff of Umove, and adheres to the rules of safety, environment conservation with no exception; | 9. | condition; The customer agrees to bear full responsibility for the | | | |
| 3. | Umove will not accept liability or legal obligation for any customer who violates any regulation of Vietnam law; | | equipment delivered (kayak, sup, life jackets) and the customer must bear the cost of compensation if lost or forgotter equipment; | | | |
| 4. | The customer agrees that Umove may modify and change the schedule for all tours based on available schedules, depending on safety factors, or changes in weather conditions. In this case, the customer has no right to refuse or demand any compensation from Umove; | 10. | The customer hereby agrees to permanently rescind the responsibility of Umove (including each individual: director officer, heir, or authorized person) for all claims, demands damages, commitments, legal obligations and disputes in any form, whether known or unknown, whether suspected or not | | | |
| 5. | The customer is aware of the purchase of the travel insurance package, including medical care, natural disasters, personal accidents, evacuation and loss of personal belongings (including valuable items); | | suspected, whether incurred or will be incurred. Customer will cancel any claim or right to confirm a cause of action of justification for the conduct or complaint or request that was excluded in this disclaimer, either due to negligence or willful. | | | |
| 6. | The customer agrees that Umove organizes highly demanding physiological tours and performs in remote areas and does not have medical equipment. Customer accepts the risk and does not report any complaint toward Umove for any accident or | 11. | misconduct, non-willful misconduct or by collective mistake; The terms of this Disclaimer and the agreements must be read in full, indivisible and mutually enforced by both party. | | | |
| | illness; der the witness, Umove and the customer agree to execute and sign t ty and effective from the time of signing. | he discl | aimer. This disclaimer shall be made in two copies, one for each | | | |
| UMOVE JSC | | Custo | Customer | | | |
| Rep | presentative: Mr. Tran Trung Kien | Mr./ | Mr./Mr.s/Miss : | | | |
| Title: Director | | | Signature: | | | |
| Signature: | | | Emergency Contact: | | | |
| | | Phon | e number: | | | |

Address:____

Name of the insurance company: ______ Phone number of the insurance company: ______ Insurance contract number: