Participant Information Consent and Journey Agreement

Into The Amazon 7 Day Journey from Iquitos

Version 1.0 October 2026

Please read this pack before travelling. Complete every field that applies to you, initial the required confirmations, and bring the signed original to Iquitos. Ask about anything you do not understand before signing. Signing does not remove your rights under Peruvian law and does not excuse the organizer from duties that cannot legally be excluded.

How to use this pack

- The organizer completes the journey details and legal identity fields before sending the pack.
- The participant reads the full pack and completes the personal, health, insurance and emergency sections.
- Questions must be resolved before travel. Do not sign a section you do not understand.
- Bring the completed original. The organizer checks it before departure to the program location.
- The participant and organizer receive a copy of the final signed pack.

Participant full legal name	_____
Journey dates	_____
Legal organizer name	_____

Document ID: _____ Copy number: _____

Participant and Journey Details

The organizer must complete all organization and journey fields before this pack is sent. Blank legal identity, price, cancellation or operational fields mean the agreement is not ready for signature.

Participant full legal name	_____
Passport or ID number	_____
Date of birth	_____
Nationality	_____
Email	_____
Mobile and WhatsApp	_____
Home address	_____
Journey dates	_____
Maximum group size: 6 participants	_____
Program location or route	_____
Legal organizer name	_____
RUC or registration number	_____
Tourism registration or authorization	_____
Organizer address	_____
24 hour operational contact	_____
Total price and currency	_____
Deposit and payment schedule	_____
Cancellation and refund terms supplied on	_____

1 Journey Agreement

1.1 Service and scope

The organizer agrees to provide the confirmed seven day program described in the final itinerary supplied with this pack. Only services expressly listed as included form part of the agreement. Flights to and from Iquitos, personal purchases, medical treatment, emergency evacuation and other items marked as excluded remain the participant's responsibility unless the final itinerary states otherwise.

1.2 Status of information

The final itinerary, accommodation, transport arrangements, named team, group size, price, payment schedule and cancellation terms must be attached or written into this pack. Promotional descriptions do not override the final written agreement. Any material change must be communicated promptly and, where Peruvian consumer law requires, an appropriate remedy must be offered.

1.3 Participant responsibilities

- Provide complete and accurate information relevant to safe participation.
- Follow lawful safety instructions and the agreed code of conduct.
- Carry a valid passport, required entry documents and suitable travel and medical insurance.
- Do not bring or use unauthorized drugs, weapons or dangerous items.
- Treat local people, staff, other participants, cultural knowledge and the environment with respect.
- Tell the team promptly about illness, injury, distress, a boundary concern or unsafe condition.

1.4 Changes interruption and early departure

Weather, river conditions, transport, health, safety or events outside reasonable control may require a change. The organizer must explain significant changes. A participant may be removed from an activity or the journey when their conduct creates a material safety risk, after a proportionate assessment and explanation. Costs caused by a participant's voluntary early departure or breach are their responsibility, except where the law or organizer's breach requires otherwise.

1.5 Consumer rights complaints and governing law

This agreement is governed by the mandatory laws of Peru. Nothing in it waives rights that cannot legally be waived, including rights under the Peruvian Consumer Protection and Defence Code. Complaints may be submitted to the organizer and through the applicable Libro de Reclamaciones. The organizer must identify the formal complaint channel before accepting payment.

I confirm that the journey details, price, inclusions, exclusions, payment schedule and cancellation terms have been provided to me in writing.

Participant initials: _____ Date and time: _____

_____ Participant signature	_____ Date and time
_____ Authorized organizer representative	_____ Date and time

2 Informed Consent and Acknowledgement of Risk

Purpose of this section

This section explains material features and risks so that participation is informed and voluntary. It is not a promise that every possible risk has been listed. It is not a medical assessment or a substitute for advice from a qualified clinician.

2.1 Remote rainforest and transport risks

• Heat, humidity, heavy rain, flooding, storms and rapid changes in river conditions.

• Uneven, slippery or obstructed terrain; falls; cuts; sprains and other injuries.

• Boat and vehicle travel, including boarding, loading, mechanical failure and delayed transport.

• Insects, bites, stings, plants, wildlife, contaminated food or water and infectious disease.

• Limited communications and delayed access to fixed or mobile medical services.

• Changes or cancellation of activities when conditions are unsafe.

2.2 Traditional plant practices

The program may include information about and, only for eligible consenting adults, optional participation in traditional practices involving ayahuasca or rapé. These practices are presented as cultural and traditional practices, not medical or psychological treatment. No cure, vision, revelation, spiritual result or personal transformation is promised.

Possible effects may include

• Nausea, vomiting, diarrhoea, dizziness, weakness, changes in coordination or loss of balance.

• Changes in heart rate or blood pressure, fainting, dehydration or other physical distress.

• Fear, confusion, panic, agitation, distressing memories, altered perception or unusual behaviour.

• Effects that may continue after the ceremony and may require further support or medical attention.

• Serious or unpredictable interactions with health conditions, medicines, supplements or other substances.

2.3 Voluntary participation and boundaries

Participation in any ceremony is optional. The participant may refuse or stop without pressure. Eligibility is decided by the responsible practitioner after screening, but acceptance for the journey does not guarantee eligibility for a ceremony. The team has stated that no physical contact will occur during traditional practices. Any exception required to prevent immediate injury or provide emergency aid must be limited to what is reasonably necessary and documented.

2.4 No guarantee and no improper waiver

I understand the disclosed risks and choose whether to participate. I accept ordinary risks that remain despite reasonable precautions. I do not release any person from liability for fraud, deliberate harm, gross negligence, breach of mandatory consumer rights or another responsibility that Peruvian law does not permit to be excluded.

[ ] I have read the risk information and had the opportunity to ask questions.

[ ] I understand that traditional practices are optional and are not healthcare.

[ ] I understand that medical help may be delayed in a remote location.

[ ] I will disclose relevant health information and will not change prescribed medication without advice from my clinician.

[ ] I understand that the responsible team may stop my participation for safety reasons.

Participant initials: _____ Date and time: _____

_____ Participant signature	_____ Date and time
_____ Authorized organizer representative	_____ Date and time

3 Confidential Health Screening

Complete this section privately and accurately. The purpose is to assess whether further clinical advice or exclusion from a practice may be necessary. A yes answer does not automatically exclude you. Do not email this form through an unsecured channel unless the organizer provides an approved method.

For each item write No or Yes and provide details where applicable.

Height and approximate weight

No [ ] Yes [ ] Details: _____

_____

Primary care clinician name and contact if you choose to provide it

No [ ] Yes [ ] Details: _____

_____

Current medical conditions or recent significant illness

No [ ] Yes [ ] Details: _____

_____

Current prescription medicines including dose and schedule

No [ ] Yes [ ] Details: _____

_____

Non prescription medicines supplements or herbal products

No [ ] Yes [ ] Details: _____

_____

Known allergies and reaction

No [ ] Yes [ ] Details: _____

_____

Previous surgery hospitalization or serious injury

No [ ] Yes [ ] Details: _____

_____

History of fainting seizures severe dehydration or loss of consciousness

No [ ] Yes [ ] Details: _____

_____

Heart blood pressure circulation breathing kidney liver or neurological condition

No [ ] Yes [ ] Details: _____

_____

Current or previous significant mental health condition psychological crisis or hospitalization

No [ ] Yes [ ] Details: _____

_____

Current pregnancy possible pregnancy breastfeeding or relevant reproductive health concern

No [ ] Yes [ ] Details: _____

_____

Previous experience with ayahuasca rapé or another psychoactive traditional practice and any adverse reaction

No [ ] Yes [ ] Details: _____

_____

Dietary needs mobility needs accessibility requirements or other support

No [ ] Yes [ ] Details: _____

_____

Anything else that may affect safe participation

No [ ] Yes [ ] Details: _____

_____

I confirm that the information in this section is complete and accurate to the best of my knowledge. I understand that withholding relevant information may make participation unsafe. I will tell the organizer about a material change before the journey.

Participant signature	_____
Date and time	_____

Clinical review required

[ ] No further review identified by the screener.

[ ] Participant must obtain written advice from an independent qualified clinician before eligibility can be decided.

[ ] Participant is not eligible for one or more traditional practices.

[ ] Participation decision deferred pending additional information.

Authorized organizer representative	_____
Date and time	_____

4 Consent to Process Health and Personal Data

Health information is sensitive personal data. This consent is separate from agreement to purchase the journey. Data must be limited to what is necessary for screening, safety, emergency response, legal obligations and the delivery of agreed services.

Data controller legal name and RUC	_____
Controller address and privacy contact	_____
Secure method used to collect and store the form	_____
Authorized recipients by role	_____
Any recipient or storage location outside Peru	_____
Planned deletion date	_____

[ ] I consent freely, in advance, expressly and on an informed basis to the processing of the information in this pack for screening, journey administration and safety.

[ ] Relevant information may be shared only with authorized team members who need it for those purposes.

[ ] In an urgent situation, necessary information may be shared with emergency responders, a medical service, insurer or the emergency contact.

[ ] The organizer must not use health information for marketing or publish it.

[ ] I may request access, correction, cancellation or opposition and may withdraw consent, subject to lawful retention and processing already carried out.

[ ] If data is transferred outside Peru, the controller must identify the recipient or category, destination and purpose before signature.

Default retention instruction

Unless a longer period is required by law or an unresolved claim, screening and health records should be securely deleted no later than 12 months after the journey. Incident records may be retained for the applicable legal period with access restricted.

Participant initials: _____

_____ Participant signature	_____ Date and time
_____ Authorized organizer representative	_____ Date and time

5 Emergency Information and Authorization

The Amazon operating environment may require decisions before the emergency contact can be reached. This authorization allows reasonable emergency action; it does not create consent to non-emergency treatment and does not replace the organizer's duty to follow its emergency plan.

Travel insurer	_____
Policy number	_____
24 hour assistance number	_____
Emergency contact name	_____
Relationship	_____
Emergency contact phone	_____

[ ] I authorize the team to contact emergency services, arrange transport and share information reasonably necessary for urgent assessment or care.

[ ] I authorize the team to contact the person named below when reasonably necessary.

[ ] I understand that fixed and mobile river-based medical services may change location or availability. The team must identify the reachable option and primary and backup transfer route for this departure.

[ ] I understand that I remain responsible for medical, evacuation and repatriation costs except where the law or organizer's responsibility provides otherwise.

Departure specific emergency plan completed by organizer

Currently reachable clinic hospital or mobile service	_____
Primary communication method and backup	_____
Estimated transfer time under current conditions	_____
Primary transport and named operator	_____
Backup transport and route	_____
First aid responsible person and qualification	_____
Sober overnight contact	_____
Emergency plan briefing date	_____

_____ Participant signature	_____ Date and time

6 Code of Conduct Safeguarding and Complaints

[ ] No sexual activity, harassment, coercion, exploitation, violence, threats or discriminatory abuse.

[ ] No physical contact during traditional practices. Emergency contact necessary to prevent immediate harm must be proportionate and recorded.

[ ] No photographing, filming or recording a ceremony or another person without express prior permission.

[ ] Personal disclosures and health information must remain confidential except for safety, legal duties or the person's express permission.

[ ] Staff must not begin a sexual or romantic relationship with a participant during the journey.

[ ] Participants and staff must follow fire, water, transport, wildlife, hygiene and ceremony instructions.

[ ] No participant is required to disclose private ceremonial experiences.

[ ] Cultural knowledge, songs, designs, names and images must not be commercially used without permission.

Complaints and safeguarding contact

A participant may speak to Maicol or Don Rono. Before departure, the organizer must also name an independent contact who is not subordinate to either person and can receive a confidential concern involving any team member. Immediate danger should be reported to emergency services or the appropriate authority. Retaliation for a good-faith report is prohibited.

Independent safeguarding contact	_____
Email and telephone	_____
Alternative external complaint channel	_____
Libro de Reclamaciones link or location	_____

Participant initials: _____

_____ Participant signature	_____ Date and time
_____ Authorized organizer representative	_____ Date and time

7 Optional Photography and Media Consent

This section is optional. Refusing does not affect participation. No photography or recording is permitted during ceremonies unless a separate, specific agreement is made after the ceremony and every identifiable person consents.

[ ] I do not consent to identifiable photographs, video or audio.

[ ] I consent to private documentary images shared only with participants.

[ ] I consent to selected images being used on the Into The Amazon website and organic social media.

[ ] I consent to selected images being used in paid advertising.

My restrictions or images I do not authorize	_____

_____ Participant signature	_____ Date and time
_____ Authorized organizer representative	_____ Date and time

8 Final Confirmation Before Departure to the Program Location

[ ] I received the final itinerary, team list, inclusions and exclusions.

[ ] I received the cancellation and refund terms before payment.

[ ] I provided proof of required travel and medical insurance.

[ ] I completed the health screening and any requested independent clinical review.

[ ] I received the departure-specific emergency plan and safety briefing.

[ ] I know who remains sober, who is available overnight and who holds first-aid responsibility.

[ ] I received the independent safeguarding contact and complaint route.

[ ] I understand that I may decline a traditional practice.

[ ] I have had time to read this pack and ask questions.

Place	_____
Date and time	_____

_____ Participant signature	_____ Date and time
_____ Authorized organizer representative	_____ Date and time

Interpreter statement

I accurately interpreted the material parts of this pack in a language the participant understands and did not add, remove or change their meaning.

Witness or interpreter if used	_____
Date and time	_____

Required Attachments

[ ] Final itinerary and confirmed program location or route

[ ] Price inclusions exclusions payment schedule and cancellation terms

[ ] Team list roles languages day and night coverage

[ ] Departure-specific emergency and evacuation plan

[ ] Insurance requirements and participant proof of cover

[ ] Organizer registration and complaint channel details

Legal and Regulatory Reference Note

This pack is structured to support informed contracting, consumer information, safety management and lawful handling of personal data. It must be completed with the actual organizer and departure details. It does not authorize an unregistered business to sell or operate tourism services.

- Peru Law 32 392 New General Tourism Law and Supreme Decree 002-2026-MINCETUR.
- Supreme Decree 005-2020-MINCETUR Regulation of Travel and Tourism Agencies.
- Law 29 571 Consumer Protection and Defence Code.
- Law 29 733 Personal Data Protection Law and Supreme Decree 016-2024-JUS.
- Supreme Decree 005-2016-MINCETUR safety rules for adventure tourism where applicable.
- Supreme Decree 011-2011-PCM rules for the Libro de Reclamaciones.

Official sources: https://www.gob.pe/mincetur | https://www.gob.pe/indecopi | https://www.gob.pe/anpd

End of participant pack