

Sworn Statement

Name:

Nationality:

Identity Document (Passport or other)

Address:

I declare that the owner of the M / N FORREST, Transaustral Maritime Ltd., RUT 79.970.890-6, hereinafter the Company, I was properly informed about the conditions and risks involved in travel booked and in the various activities and annexed excursions scheduled . Also, declare to know and accept the terms of the "Conditions of Passage Contract."

I declare to be in full knowledge that the trip and support activities organized by the Company shall be in wild places and away from urban centers, which have no hospital facilities that can provide medical care and that may be accessed in the event of the occurrence of a accident or sudden illness that affects the health of those who signed this document. You can only access first aid service available on board.

I leave special constancy that I have been informed by the Company in respect of the physical conditions required for the activities, especially those made during the disembark that take place during the trip, as likewise, that the medical service beyond the first aid will not be possible.

Also declare to the Company that do not suffer from any illness or disability to help increase the risks of travel and activities to make, such an extent to prevent their realization. I am aware that during the trip may suffer some illness or accident, whether or not related to activities performed.

Supplemented declare that the foregoing part of this journey and to develop activities that it be scheduled by the Company, its employees or associates, they will have no liability for accidents or illnesses that might affect me or originate during development.

For these reasons, the undersigned expressly declares that decides to develop and participate in the activities organized during the travel booked under my sole and complete responsibility. The Company, employees or associates shall not be liable for injuries and sequel, permanent or temporary, which may suffer accidents or illnesses occurring during the trip and the activities it considers.

I leave it expressly stated that even in case of accidental death or death caused by injuries or illnesses during the trip and activities during it, the Company, employees and associates would not have any responsibility.

Also evidences that I leave on the trip with me the following minors:

1) Name:

Identity Document: Age:

Address:

2) Name:

Identity Document: Age:

Address:

These children carry out the activities and excursions organized by the Company, employees and associates under my sole responsibility. So release the Company, employees and associates from any liability for accidents and illnesses, injuries or sequels that might cause, including death that could affect at the individualized minors above.

My leaders, administrators, heirs and / or assigns shall be bound to respect the statements made above.

In Punta Arenas, Chile, 201...

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SIGNATURE