



Comisión Nacional de Investigación  
Científica y Tecnológica - CONICYT

## STATEMENT OF RESPONSIBILITIES AND TRANSFER OF THESE RESPONSIBILITIES TO VISITORS

Having requested and obtained from CONICYT Astronomy Program the due authorization to be admitted at the site of Parque Astronómico de Atacama, I hereby state and assume the following undertakings:

1. I have been informed that Parque Astronómico de Atacama project, conducted by CONICYT Astronomy Program, is located at 3.000 to 5.700 meters above sea level, and I agree to assume any eventual risk as regards to my health.
2. I also state that I am conscious that visiting Parque Astronómico de Atacama may put my health at risk. These risks may result from natural events or from the area itself, its location, or due to human error or negligence of persons who have scheduled or organized their activities carried out in the Site. Furthermore, I state that I have read the medical information provided by CONICYT regarding dangers to health originated from visits to high altitude places.
3. As a result of these potential risks, I, as authorized visitor, am conscious that I can might have damages in my body (injures) or serious illnesses that could even lead me to death.
4. I state that I understand the need to submit myself to a medical examination, before my visit to Parque Astronómico de Atacama in order to confirm that I do not have any impediment making my stay at high altitude a dangerous situation.
5. Therefore, I state that I do not have any physical or health impediment that prevent me from visiting a site located at a great height, particularly at the height where the Parque Astronómico de Atacama is located.
6. I agree that it is my responsibility the reading and compliance with all protection and safety rules and the instructions delivered either verbally, or in writing, by personnel of CONICYT Astronomy Program.
7. Accordingly, I accept to remain in this place fulfilling all its rules, regulations and all instructions as regards to the Safety and protection mentioned in the foregoing paragraphs. Further, I accept complete responsibility for any result or effects resulting from my eventual unfulfillment of the rules, regulations and instructions.
8. In the event of occurrence of any accident or emergency that could cause injures or any kind of illness, I authorize the personnel of CONICYT Astronomy Program, or to the person having been assigned this authority, to look for and take all necessary emergency measures.
9. I hereby recognize that I do not have the right any longer to take any action, demand, complaint or legal action of any nature (with the exception of any deceitful behavior or negligence of persons responsible of Parque Astronómico de Atacama, its staff, executives or other personnel) that had provoked damage or losses to myself, my resources, as a direct consequence of my visit to Parque Astronómico de Atacama.

10. I hereby accept to repair and/or hold Parque Astronómico de Atacama harmless, its offices, directions, executives, staff, contractors, assignees, and personnel in general, for any damage, injury (including death) or losses, as a direct result or as a consequence of my behavior or activity within the areas comprising the Parque Astronómico de Atacama.
11. I state having been informed and accepted that I, or any other assets under my control (including vehicles) be inspected by personnel of Parque Astronómico de Atacama.
12. I state having carefully read, and I am conscious of every statements, obligations or responsibility exemptions included hereunder, and that I know the legal consequences that may arise there from. I agree and sign this document by my own will and with responsibility.

This document shall be valid for one year, starting from the date of its signature.

NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_