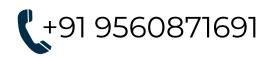




Disclaimer

Full Name of Participan <u>t:</u>		
rek Name:		
Date of Trek:		
We parents / legal guardian () hereby confirm and
declare that we are the Parent / legal guardia	an	
of		_, fully authorize and permit our child to
participate in the respective activity conduct		
We the parents / legal guardians understand	that the activities cond	ducted by The Mountain Trekker are
nherently hazardous and certain risk is invol	ved in such participatio	on. We hereby absolve The Mountain
Trekker, their employees and third parties er	mployed by them from a	any liability whatsoever, arising from
conducting such activity or travel to and for p	participation in such an	activity. I declare that my child is covered
under liability insurance and personal accide	nt insurance which cove	ers such activities conducted by The
Mountain Trekker as we understand and info	ormed by the they do no	ot have an insurance policy covering the
expenses for any accident, sickness, loss due	to theft, damage of lug	ggage's / personal belonging or any other
easons. Each participant is advised to seek s	uch insurance arranger	ments in their home country and The
Mountain Trekker recommends all its partici	pants to carry their pers	sonal travel / health insurance. We furthe
confirm that our child is fit and healthy to pa	rticipate in such activiti	ies, that he / she do not suffer from any
medical condition that may hinder his / her p	participation in the said	activities. I swear an oath that I have not
nidden or misrepresented any fact about the	health of my child Spe	ecial Diet / Allergies / Medication / Chronic
Recurring Illness / Surgery or a serious illness	s in the past year / Physi	sical conditions that limit activity.
Parent / legal guardian Signature:	Date:-	Place:-
Relation with Child:-		
Contact No: [
Emergency Contact Number:-		
<u> </u>		





Medical Disclaimer

Full Name of Participant:		Trek Name:	
Date of Trek:		Age:	
	PART ONE (To be co	mpleted by participant)	
the event of an accident, illness terrain. Common and uncommo loss of appetite, nausea, vomitir to microorganisms unknown to drinking water and prepare food	or injury an evacuation will be slow and upon signs and symptoms of altitude sicknessing, and muscle cramps. Severe cases of altour digestive system may cause symptoms of properly. A poor state of health can great	Independent of the second of t	tude, or other hazardous: sleeplessness, coughing, ema. In addition, exposure to best efforts to treat these trips. Therefore, The
Date:		Signature:	
Place:			
	Disclaime	er and Declaration	
Trek/Ex	pedition route in the Himalayas has its share o	of risks and dangers, especially in respect to the terrain, weather,	high altitude and desolate
	· · · · · · · · · · · · · · · · · · ·	oo cannot be ruled out. I hereby declare that my participation in Mountain Trekker wholly or partly responsible in case of any ac	
Date:	Place:	Signature and Name of the participa	ant:





PART TWO (To be completed by physician)

Applicant Name:	Date of Birth:			
Address:				
Does the applicant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.				
Blood pressure reading.				
Is the applicant under medication of any kind? If yes please mention details.				
Has the applicant suffered from any kind of altitude related illness in the past? If yes give details.				
Overall physical fitness.				
Blood group.				
Any drug allergies.				
Any other observations				
have medically examined Mr /Ms and found him / her fit to undergo a Trekking expedition in high altitude areas & in the mountains and as per history and clinical examination he/she is not suffering from any chronic disease.				
Name of Dr: Reg. No:	Signature & Seal:			