

## Disclaimer

Full Name of Participant: \_\_\_\_\_

Trek Name: \_\_\_\_\_

Date of Trek: \_\_\_\_\_

We parents / legal guardian ( \_\_\_\_\_ )  
hereby confirm and declare that we are the Parent / legal guardian of

\_\_\_\_\_, fully authorize and permit our child to participate in the respective activity conducted by Shree Kedar Yatra and their ground operational partner. We the parents / legal guardians understand that the activities conducted by Shree Kedar Yatra are inherently hazardous and certain risk is involved in such participation. We hereby absolve Shree Kedar Yatra, their employees and third parties employed by them from any liability whatsoever, arising from conducting such activity or travel to and for participation in such an activity. I declare that my child is covered under liability insurance and personal accident insurance which covers such activities conducted by Shree Kedar Yatra as we understand and informed by the they do not have an insurance policy covering the expenses for any accident, sickness, loss due to theft, damage of luggage's / personal belonging or any other reasons. Each participant is advised to seek such insurance arrangements in their home country and Shree Kedar Yatra recommends all its participants to carry their personal travel / health insurance. We further confirm that our child is fit and healthy to participate in such activities, that he / she do not suffer from any medical condition that may hinder his / her participation in the said activities. I swear an oath that I have not hidden or misrepresented any fact about the health of my child Special Diet / Allergies / Medication / Chronic or Recurring Illness / Surgery or a serious illness in the past year / Physical conditions that limit activity.

Parent / legal guardian Signature:- \_\_\_\_\_ Date:- \_\_\_\_\_

Place:- \_\_\_\_\_ Relation with Child:- \_\_\_\_\_ Contact No:- \_\_\_\_\_

E-mail id:- \_\_\_\_\_ Emergency Contact Number:- \_\_\_\_\_



## **Medical Disclaimer**

Full Name of Participant: \_\_\_\_\_ Trek Name: \_\_\_\_\_

Date of Trek: \_\_\_\_\_ Age: \_\_\_\_\_

### **PART ONE (To be completed by participant)**

Shree Kedar Yatra treks take place in some remote and less-developed regions, without means of rapid evacuation, or medical supplies and facilities. In the event of an accident, illness or injury an evacuation will be slow and uncertain as these trips take place in mountainous, high altitude, or other hazardous terrain. Common and uncommon signs and symptoms of altitude sickness should be expected. These include, but are not limited to: sleeplessness, coughing, loss of appetite, nausea, vomiting, and muscle cramps. Severe cases of altitude sickness can include pulmonary and/or cerebral oedema. In addition, exposure to microorganisms unknown to our digestive system may cause symptoms from a wide array of gastrointestinal disorders despite the best efforts to treat drinking water and prepare food properly. A poor state of health can greatly increase the dangers and risks that can be incurred on these trips. Therefore, Shree Kedar Yatra requires that all climbers and/or trekkers are examined by a physician, are properly immunized for the destination(s), and provide the Part II information.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Disclaimer and Declaration**

\_\_\_\_\_ Trek/Expedition route in the Himalayas has its share of risks and dangers, especially in respect to the terrain, weather, high altitude and desolate. The nature. Accidents on this trek can cause one to get injured, fall ill, and death too cannot be ruled out. I hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold Shree Kedar Yatra wholly or partly responsible in case of any accident, illness, injury or death on the trek.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature and Name of the participant: \_\_\_\_\_



## **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	

I have medically examined Mr /Ms \_\_\_\_\_ on  
(Date) \_\_\_\_\_ 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: \_\_\_\_\_

Degree: \_\_\_\_\_

Reg. No: \_\_\_\_\_

Signature & Seal: \_\_\_\_\_

