



## YASHASWI HIMALAYAS TREK

Near Gomti Bridge, Mahant Bagicha, Taxi Stand, Almora Road NH309,  
Bageshwar, Uttarakhand - 263632, India

### PARTICIPATION FORM

Name of the program/expedition: \_\_\_\_\_

Name of the applicant:  
(In block letters) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ PIN: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Next of Kin  
(Contact address & number) \_\_\_\_\_

**Date:**

**Place:**

**Signature of the Participant**

### DECLARATION

I agree to adhere strictly to the discipline of the program and abide by the directions/instructions of the organizing authorities or their representatives, at all times and shall not deviate from the set route/schedule of the expedition/program.

**In case of any accident, illness or injury, mis-happening, I will not hold the Yashaswi Himalayas Trek responsible wholly or partly.**

I further declare that I have not been suffering from any infectious disease and I am aware about the hazards attached with trekking expeditions and I am fully fit to undertake the rigors of arduous trekking.

**Signature of the Participant**

**MEDICAL CERTIFICATE**

(To be filled in by a Registered Medical Practitioner only)

Name of the applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Any present illness/past history of sickness \_\_\_\_\_  
\_\_\_\_\_

2. Any known allergy to drugs or foodstuff \_\_\_\_\_  
\_\_\_\_\_

3. Is applicant from any infectious disease/mental disorder/skin disease/Heart Trouble \_\_\_\_\_  
\_\_\_\_\_

4. I have medically examined by Mr./Mrs./Ms. \_\_\_\_\_

on \_\_\_\_\_ and found him/her medically fit to undergo a trekking expedition in high altitude areas in the mountains.

**Signature of Medical Practitioner**

**Regd. No. and Stamp**

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**RISK CERTIFICATE**

(For participants below 18 years of age)

This is to certify that my son/daughter/ward namely \_\_\_\_\_ is joining the Trekking Expedition/program with my consent. In case of any accident, illness, injury or any mis-happening. I will not hold Yashaswi Himalayas Trek responsible wholly or partly. It is also certify that he/she is fit to undergo the rigors of the trekking expedition/program. I am fully aware about the hazards associated with such trekking expeditions/programs.

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

Signature: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_