



GoAdven India

TREK REGISTRATION & DISCLAIMER FORM

Trek Name: _____ Start Date: _____

PERSONAL DETAILS

Name: _____
DOB / Age: _____ Gender: _____
Nationality: _____
ID Proof (Aadhar / Passport): _____

CONTACT DETAILS

Mobile Number: _____
WhatsApp Number: _____
Email ID: _____
Permanent Address _____

EMERGENCY CONTACT

Name: _____
Relationship: _____
Phone Number: _____

HEALTH INFORMATION

Height: _____ Weight: _____
Prior Trekking Experience: _____
Any Medical Condition: _____
Allergies (if any): _____
Personal Medicines: _____

DISCLAIMER

I hereby acknowledge the risks involved in trekking and adventure activities with GoAdven India. I confirm that I am physically fit to undertake this trek and that the information provided by me is true and correct. I understand that GoAdven India will not be held responsible for any injury, illness, accident, loss or damage that may occur during the trek.

DECLARATION

I voluntarily agree to participate in this trek and follow all instructions given by the trek leader and team. I understand that trekking in the Himalayas involves natural risks such as weather changes, terrain hazards and altitude-related issues. I agree to take full responsibility for my actions and confirm that I am participating at my own risk.

Participant Signature: _____ Date: _____