

ACKNOWLEDGEMENT OF RISK ACCEPTANCE, IMAGE RELEASE, EQUIPMENT LOSS OR DAMAGE, MEDICAL HISTORY & PARTICIPANT EXPERIENCE

PLEASE READ THE BELOW MENTIONED CAREFULLY AND KINDLY FILL THE FORM IN BLOCK LETTERS ONLY.

NAME : _____
(FIRST) (MIDDLE) (LAST)

SEX : _____ **NATIONALITY** : _____

ADDRESS :

PHONE : _____
(MOBILE WITH COUNTRY CODE) (LANDLINE WITH COUNTRY & AREA CODE)

EMAIL : _____

In consideration of the services provided by Altitude Adventure and their officers, agents, employees, guides and porters and all other persons or entities associated with their activities, I agree to the following :

Although Altitude Adventure has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Altitude Adventure has informed me that this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of this activity. These inherent risks are some of the same elements that contribute to the unique character of the activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Altitude Adventure does not want to demotivate me, frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of these inherent risks.

The following describes some, BUT NOT ALL, of these risks : -

- Rockfall
- Icefall
- Avalanches
- Electrical Storms
- Mountain Storms
- Snow
- Ice
- Rain
- Hail
- Sleet
- Lightning
- Falling
- Objects falling from above.
- Slippery Terrain
- Falling and Injury while Climbing, Mountaineering, Trekking, Snowboarding, Skiing or Snowshoeing.
- Extreme Cold and Hot Temperatures
- Water Crossings by foot or boat
- Wildlife Encounters
- Dehydration
- High Altitude and Altitude Sickness
- Wind
- Failure of Mountaineering Equipment despite reasonable care and use
- Injury from Mountaineering Equipment despite reasonable care and use
- Careless or Reckless Behavior on the part of other members of the group despite reasonable supervision
- Guide Error
- Careless or Reckless behaviour on the part of third parties. Any pre-existing medical condition that has become active again.

I am aware that this activity entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that the other unknown or unanticipated risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities. I acknowledge that I have responsibilities as a participant.

I acknowledge that the staff of Altitude Adventure has been available to explain more fully to me the nature and physical demands of this activity and inherent risks, hazards, and dangers associated with this activity. I certify that I am fully capable of participating in this activity.

The participant must understand that any of the hazards mentioned above can ultimately lead to death. To minimize this potential risk, you must be honest with yourself regarding personal abilities and limitations and be responsible for such limitations in your decision to participate. Participants must also understand that health or other types of insurance are not being provided.

I ASSUME AND ACCEPT FULL RESPONSIBILITY FOR MYSELF FOR BODILY INJURY, DEATH, OR LOSS OF PERSONAL PROPERTY AND EXPENSE AS A RESULT OF THOSE INHERENT RISKS AND DANGERS IDENTIFIED HEREIN, AND THOSE INHERENT RISKS AND DANGERS NOT SPECIFICALLY IDENTIFIED, AND AS A RESULT OF MY NEGLIGENCE IN PARTICIPATING IN THIS ACTIVITY.

I ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ALL MINOR CHILDREN IN MY CARE, CUSTODY, AND CONTROL FOR BODILY INJURY, DEATH, OR LOSS OF PERSONAL PROPERTY AND EXPENSE AS A RESULT OF THOSE INHERENT RISKS AND DANGERS IDENTIFIED HEREIN, AND THOSE INHERENT RISKS AND DANGERS NOT SPECIFICALLY IDENTIFIED, AND AS A RESULT OF SUCH MINOR CHILDREN'S NEGLIGENCE IN PARTICIPATING IN THIS ACTIVITY.

IMAGE RELEASE ACKNOWLEDGEMENT

In consideration of my participation in any of the Altitude Adventure activities, I hereby grant Permission to Altitude Adventure and all of its sponsors and partners, all right, title and interest in and to any videotape, photographs, film or other reproduction of my image in any format, captured in connection with my participation in this event for use in connection with broadcasting, advertising, exhibitions, websites, promotions, training materials or otherwise.

NAME : _____
(FIRST) (MIDDLE) (LAST)

DATE : _____
(dd-mm-yyyy)

SIGNATURE :

EQUIPMENT LOSS OR DAMAGE ACKNOWLEDGEMENT

In the event that a piece of Altitude Adventure's equipment or gear (Hardware and Software) used by you is lost or damaged, you are responsible for covering the cost of replacement or repair.

I agree that if a piece of equipment used by me is lost or damaged during the activities I am performing / involved with or using it for, or at any time before it is returned to Altitude Adventure, I will reimburse Altitude Adventure for any repair or replacement charges.

NAME : _____
(FIRST) (MIDDLE) (LAST)

DATE : _____
(dd-mm-yyyy)

SIGNATURE :

HEALTH AND MEDICAL ACKNOWLEDGEMENT

(This information will be treated with the strictest confidentiality, please be honest)

GENDER : _____ **AGE** : _____ **BLOOD GROUP** : _____

EMERGENCY CONTACT

NAME : _____
(FIRST) (MIDDLE) (LAST)

RELATIONSHIP : _____ **NATIONALITY** : _____

ADDRESS :

PHONE : _____
(MOBILE WITH COUNTRY CODE) (HOME WITH COUNTRY & AREA CODE)

_____ **EMAIL** : _____
(MOBILE WITH COUNTRY CODE)

PLEASE CIRCLE

DO YOU HAVE ANY ALLERGIES? (Y / N) IF YES, PLEASE SPECIFY.

ARE YOU CURRENTLY TAKING ANY MEDICATION(S)? (Y / N) IF YES, PLEASE SPECIFY AND WHY?

RECENT OR RECURRING INJURIES, RECENT SURGERIES AND / OR DISABILITY(S)? (Y / N) IF YES, PLEASE SPECIFY.

PREGNANT (Y / N)	SEIZURES (Y / N)	DIABETES (Y / N)	ASTHAMA (Y / N)
HIGH BLOOD PRESSURE (Y / N)	HEART ATTACK (Y / N)	CHEST PAIN (Y / N)	HEART DISEASE (Y / N)
SHORTNESS OF BREATH (Y / N)	STROKE (Y / N)	ANXIETY / DEPRESSION (Y / N)	NAUSEA (Y / N)

CURRENT LEVEL OF FITNESS : (PLEASE TICK)

Fewer than three 20 minute aerobic activities per week.

Three or more 20 minute aerobic activities per week.

ANY ACTIVITY LIMITATIONS OR ANY OTHER CONDITIONS YOU WANT US TO KNOW ABOUT:

I AFFIRM THE INFORMATION PROVIDED ABOVE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT WITHHELD ANY INFORMATION THAT WOULD RESULT IN A HEALTH RISK WHILE PARTICIPATING IN THE VARIOUS ACTIVITIES OFFERED, FOR ME OR FOR OTHERS ALIKE.

SIGNATURE :

DATE :

PARTICIPANT EXPERIENCE ACKNOWLEDGEMENT

ANY PRIOR/PRE EXISTING EXPERIENCE OR QUALIFICATIONS IN ANY OF THE BELOW MENTIONED ADVENTURE SPORTS ?

MOUNTAINEERING : (Y / N) If Yes, please specify.

TREKKING : (Y / N) If Yes, please specify.

KAYAKING/RAFTING : (Y / N) If Yes, please specify.

PARAGLIDING : (Y / N) If Yes, please specify.

MOUNTAIN BIKING/CYCLING : (Y / N) If Yes, please specify.

ANY PARAMEDICAL/ SEARCH&RESCUE(SAR)/ WILDERNESS MEDICINE/ CPR QUALIFICATIONS OR EXPERIENCE
(Y / N) If Yes, please specify.

IMPORTANT NOTES

- a. In the case of a participant having to leave/ discontinue a or more respective activity(s), weather while already being on route/ involved with or prior to the activity commencing, the extra costs of the transport/ food and accommodation will be paid by the participant.
- b. All our itineraries are Ex-Leh and participants are required to make a full advance payment for their scheduled activity(s) before they arrive in Leh, Ladakh.
- c. If the participant(s) is on any medication, it is mandatory that they brief us on the same before the activity commences. Participants are also required to carry along all their necessary medications for the activities and ensure that they have carried enough of the same for the duration of the activity.
- d. Alcohol, Drugs/Narcotics, Natural Hallucinogens, Fire Arms/Guns, & Fuel (Petrol/Diesel/ etc.) are strictly not allowed. Please ensure that you are not carrying any of these items with you on any activity.
- e. Pocket/Hunting knives need to be shown to us and can be carried for the duration of the activity.

By signing below I am certifying that I have carefully read, clearly understand, and accept ALL the terms and conditions (Risk Acceptance, Image Release, Equipment Loss/Damage, Health&Medical, Participant Experience & Important Notes) stated above and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and for all members of my family.

SIGNATURE :

DATE :

PARENT'S / CARE OF / GUARDIAN'S SIGNATURE (IF UNDER 18) :

Name :

Relation :

DATE :

SIGNATURE: