



#### ASSUMPTION OF RISK, RELEASE OF AND WAIVER LIABILITY, AND INDEMNITY

I .....acknowledge, agree, and represent that I understand the nature of the adventure activities I am about to undertake with Snow Leopard Adventures P. Ltd. and that these are physically and mentally demanding, involving stay in tented accommodation and travelling.

I am in good health and physically capable of participating in these activities and the Adventure Trip. As required, I have made known to Snow Leopard Adventures P. Ltd. any medical problems or dietary restrictions prior to the commencement of the Adventure Trip. **The medical details submitted by me are complete and true.**

**Assumption of Risk:** I am aware that the adventure trip may involve, but is not limited to, various activities including river rafting, kayaking, rock climbing, rappelling, trekking, biking, walking over difficult terrain, etc by day or by night.

I understand that accidents may occur during participation in the adventure trip and that participants may incur personal injuries including the possibility of permanent disability and death as well as property damage. I hereby assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with participation in the Adventure trip.

**Release and Waiver:** I release Snow Leopard Adventures P. Ltd. and its directors, officers, employees, agents, volunteers and successors from any and all liability for, and waive any and all claims for, injury, loss, or damage in any way connected with my participation in the Adventure Trip.

**Indemnification:** I agree to indemnify and to hold harmless Snow Leopard Adventures P. Ltd. and its directors, officers, employees, agents, volunteers and successors from any Claim, or any expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with a Claim.

**Binding Effect:** This instrument shall be binding upon me and upon all relatives, personal representatives, heirs, beneficiaries, and next of kin and shall inure to the benefit of Snow Leopard Adventures P. Ltd. and its directors, officers, employees, agents, volunteers and successors.

**Signature:**

**Date:**

**CONFIDENTIAL – MEDICAL INFORMATION**

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: Male \_ Female \_\_\_\_

Email id (Personal): \_\_\_\_\_

\_\_\_\_\_ Mob: \_\_\_\_\_

**Emergency Contact:**

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

Tel: Res: \_\_\_\_\_ Off: \_\_\_\_\_ Mob: \_\_\_\_\_

Are you a swimmer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently REGULARLY exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had or currently have any **RESPIRATORY** disorders? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(This includes shortness of breath/asthma/tuberculosis/pneumonia/bronchitis/allergies)

Are you currently taking any medication for any **HEART** condition? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(This includes angina/murmur/high B.P./high cholesterol/stroke/uneven heartbeats)

Have you ever had (or currently have) any of the following?

**If yes, please TICK all that apply.**

\_\_\_\_ Dizziness/ Fainting \_\_\_\_ Diabetes \_\_\_\_ Convulsions \_\_\_\_ Epilepsy

\_\_\_\_ Kidney Disease \_\_\_\_ Spondylitis/ Orthopaedic problems/Back injury

Have you had **surgery** or been in a hospital for medical treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you under any type of medical observation or receiving treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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