ALTITUDE JUNKIES

REGD NO. 354653, PAN NO. 621239713

EXPEDITION OR TREK WAIVER

PLEASE READ AND UNDERSTAND THESE POLICIES BEFORE SUBMITTING YOUR APPLICATION TO ALTITUDE JUNKIES PVT.LTD(AJ)

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION.

In consideration of the services provided by Altitude Junkies Pvt.Ltd its shareholders, directors, officers, employees, agents, volunteers, participants and all other persons or entities associated with or acting in any capacity on its behalf (collectively referred as "AJ"), I hereby agree to release, indemnify and discharge AJ, on behalf of myself, my heirs, assigns, personal representative and estate and for all member of my family, including minor children as follow:

I acknowledge that Trekking , peak Climbing, rock climbing and mountaineering entail known and unanticipated risks that could result in physical or emotional trauma, Injury, paralysis, death or damage to myself , property and /or third parties. Although AJ Pvt.Ltd has taken reasonable steps to provide me with appropriate equipment and skilled guides. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless AJ from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of AJ's equipment or facilities including any such claims which allege negligent acts or omissions of AJ.

Should AJ or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I understand that AJ may contract with independent contractors to provide services on the trip or activity, including transportation, travel services and guide services. I understand that AJ has no control over and accepts no responsibility for the actions of any independent contractor involved in providing services on the trip/activity.

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Personal Travel Insurance Details

Expedition or Trek Name:

24-hour Emergency Assistance Company Number Email Address and Name of the Insurance

Provider: _____

Policy Start and End/ Renewal date:

_____

Phone number and email address of Family Member In case of Emergency:

_____

Are you insured for medical emergency repatriation by helicopter to the maximum altitude the trip goes to, and for all the activities involved in the trip.
YES **NO**

If there is any other information related to your health or if you are on medication that would be useful to us in case of emergency? If so, please provide details:

_____

Height: _____ Age: _____ Weight: _____ Blood Group: _____

Please note that failure to declare any known medical conditions to your travel insurance provider may result in a claim being declined or reduced.

Once the Expedition/Trek commences no refund claim and request will be claimed to **Altitude Junkies Pvt.Ltd.**

By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against **Altitude Junkies Pvt.Ltd** on the basis of any claim from which I have released them herein. I have had sufficient opportunity read this entire document. If any part of this Agreement is deemed unenforceable, all the parts shall be given full affect to the extent possible. I have read and understand it, and I agree to be bound by its terms.

Name: _____

Country / Passport Number: _____

Signature: _____

Date: _____

Please make sure to acknowledge and sign in both pages.

Gokarna-9, Kathmandu, Nepal
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www.altitudejunkies.com