



Chuchura Padatik

High Altitude Trek Solution

Regn No. 0917P850623143232

SELF DECLARATION BOND

NAME OF THE TREK/TRIP

Start Date: ____/____/____

End Date: ____/____/____

1. I am voluntarily participating in this trek and aware of all the probable risk factors associated with this high-altitude adventure sports which includes Hazardous climatic conditions, forces of Nature, socio-political unrest, hazards of travelling to remote places, transportation failure, construction failure, emotional trauma, severe illness and/or injury causing disfigurement, partial or complete failure of organs, temporary and permanent disability, paralysis, equipment failure, accident or illness at places devoid of any proper medical support, transportation and evacuation facilities, death, acts of God, terrorist activity and any other circumstances that is beyond the control of any human being as well as Chuchura Padatik.

2. I accept that the risks involved with this trekking cannot be zeroed out. I acknowledge that high altitude trekking involves known and unforeseen risks that may result in injury, paralysis and even death to myself, to properties and to third parties. The risks include but not limited to Acute Mountain sickness, High altitude Pulmonary oedema, High altitude cerebral oedema, hypothermia which may turn fatal, severe dehydration, diarrhea, frostbite, exposure to potentially dangerous animals and plants, landslides, falling rock, accidental drowning, accidental fall on ice, snow, crevices at any section of the mountain.

3. I am aware of the fact that there are risks associated with equipment malfunctioning and injury due to third parties. I am well aware of the basic safety rules and instructions of trekking and hold myself responsible for usage of trekking equipment safely and functionally.

Full Signature of the participant with Date

*Full signature of Family Member with Date
(only blood Relative/ Spouse)

*Full Signature of the parents/ legal custodian of the minor with Date (In case of minor)

**** Mandatory to provide us any ID proof of signature holder (Parents / spouse / any legal custodian)**



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4. I understand that, despite of the fact, that Chuchura Padatik is experienced and have adequate knowledge. However, no one can predict the weather, terrain, altitude sickness and other elements with hundred percent accuracy.

5. I certify that I am in good health condition and there are no physical, mental and medical conditions that could adversely affect my own safety during the trek and have not been advised otherwise by a medical practitioner.

6. I declare that Chuchura Padatik is not responsible for any medical evacuation charges during or after the trek. All evacuation-related expenses (including rare and limited transport facilities which consume time, medical support which is based on the availability and additional staff assistance) arising from such cases will be fully borne by me as a client (for mine and my family members associated with this trek/trip as trekkers). These charges are mandatory and non-negotiable, regardless of the reason for distress. If these charges will not be cleared by me within the given timeline, the company reserves the right to take appropriate legal action to recover the cost incurred.

7. I am giving consent that our safety and well-being is the highest priority to Chuchura Padatik. During the course of the trek/ trip, if any signs of physical distress, Acute Mountain sickness, any other illness or mental unease are shown by me, the trek leader or assigned guide hold full authority to take necessary decisions and actions for the individual's safety. This may include advising rest, halting participation in the trek, initiating evacuation to a safer location and others based on the situation.

8. It is strongly advised by Chuchura Padatik to me that I shall bound to report any known health concerns at the time of booking and to evaluate my fitness level prior to embarking on the trek/trip, as there will be no refund or rescheduling offered in such circumstances.

Full Signature of the participant with Date

*Full signature of Family Member with Date
(only blood Relative/ Spouse)

*Full Signature of the parents/ legal custodian of the minor with Date (In case of minor)

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9. I understand that there are chances that I may get affected by acute mountain sickness, oxygen deprivation and other symptoms as discussed above, and in this scenario Chuchura Padatik reserves the right to exclude me from ascending further without any monetary refund. The trek leader will arrange the descend to lower altitude and the expenses of the descend is to be carried out by the trekker.

10. I agree to be accountable for my own safety and take all hazards mentioned above including those, that I am now aware of and those that may arise in the future in connection to my trek with Chuchura Padatik. I also expressly agree to release, discharge and hold harmless forever Chuchura Padatik and all associates against every liability, actions, causes of action, debts, suits, claims and demands of every kind and nature. I am taking full responsibility for both my physical and mental preparation for the journey.

11. I agree that the terms of this agreement shall serve as a complete release and express assumption of risk for myself, all members of my family, minors travelling with me, mine and their successors, heirs, assigns and legal representatives. I intend to fully assume all the risks associated with the trek/trip and to release Chuchura Padatik from all liabilities to the maximum extent as per law.

12. I hereby agree to all of the conditions. I agree that if any portion of this agreement is unenforceable, the remaining portion shall remain in effect.

13. I understand that, without this agreement signed by me, Chuchura Padatik shall not provide these services.

14. I agree that execution of an electronic transmission of this agreement shall be considered execution of the original agreement and electronic transmission of an executed copy of this agreement shall represent acceptance of this agreement.

15. I have carefully read and understood this agreement and accept its terms and conditions. I acknowledge the nature of the activity and voluntarily consent to my participation.

Full Signature of the participant with Date

*Full signature of Family Member with Date
(only blood Relative/ Spouse)

*Full Signature of the parents/ legal custodian of the minor with Date (In case of minor)

*Emergency contact number: _____

** Mandatory to provide us any ID proof of signature holder (Parents / spouse / any legal custodian)