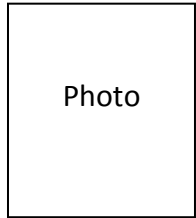


Registration Form



Photo

Rs.

Name of the Trek / Activity : _____

Full Name of a Member:
(Fill In Capital Letters Only)

Residential Postal Address with Landmark:

_____ Pin- _____

Contact: (R) _____ Mobile (Self) _____ Father: _____ Mother : _____

(Father & Mother Details if participants is Minor)

Personal Email ID:

Company Email ID:

Date of Birth: DD / MM / YY Age: ____ Gender: M F Blood Group: ____ Allergies: _____

Any Significant Medical History (if any) _____

I hereby Agree to Receive **SMS ALERT** being of any nature - Promotional / Transactional. In Case if I want to unsubscribe then I will write an Email for the same. Please note that this information will be used to update you about Tours as well as for our future promotions. However Explorers will not sell or share this data with any third party for any commercial use by them.

If you are travelling independently then please provide us with your Journey details.

Journey Details:

Coming on Bike / Train / State Transport	Place: (Joining Trek at)	Date: (Joining Trek on)	Time: (Joining timing)

For Office use.

Early Bird Discount Group Discount Full Payment Discount Reapeter Discount*

Declaration

I Have read & I am Fully aware of all the Rules & Regulations related to Cancellation Policy, Refund, Rules during the Trek / Adventure Activity, Detailed Itinerary, Transportation, Accommodation & Food provided during the Tour. I agreed to follow the instructions given by the organizers during any type of activity & Having agreed to take part in the above mentioned Trek / Activity organized by **Explorers**, do solemnly declare that I am doing so at my own risk & responsibility. I further declare that any person authorized by the above mentioned organization on their behalf shall not, in any way, be liable to me or my dependents, legal heirs, successors or to any other person for any loss, damage, disability or injury sustained by me or for death resulting from my participation in the above mentioned Trek / Activity. The aforesaid organization & any person authorized by them shall not be liable to pay any compensation, by whatever name called, to me or to my dependents, legal heirs, successors or to any other person. I declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health. It is assumed that you have accepted all the terms, conditions and undertakings, when you enroll for an event. I may be allotted one of the following dates in order of preference and condition sent to me.

Batch No..... Date..... Place.....

Sign of Participant

Sign of Authority

(Parent / Guardian to sign if the Applicant is a minor)

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