



Shop No. 9, Ram Apartment, S. N. Road, Tambe Nagar, Mulund (West), Mumbai - 400 080.

Program Name & Date _____ Name : _____ Name (Father / Husband's Name) Surname Address: _____ _____ Personal Mob.: _____ Parents Mob.: _____, _____ Telephone (R): _____ E-mail: _____ Age: _____ Date of Birth: _____/_____/_____ Date Month Year Blood Group: _____	Affix Photograph here
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DECLARATION

I agree to adhere strictly to the discipline of the program and abide by the directions of the organising authorities or their nominees, at all times and shall not deviate from the set schedule throughout the program.
 IN CASE OF ANY ACCIDENT, ILLNESS OR INJURY, I WILL NOT HOLD THE MOUNTAIN MARKS WHOLLY OR PARTLY RESPONSIBLE and any decision taken by the group leader in any eventualities his/her decision shall be final and binding on all. Any medical or other expenses which are incurred for any accident, illness, injury or any untoward incident then I hereby agree to reimburse the same without disputing the quantum of expenses or the nature of the same.
 I agree not to bring any valuables with me and if any untoward incident happens then I shall be fully responsible for the loss of my valuables including money.
 I agree that the organizers/group leaders have right to send me back home from mid-trek in case I do not follow their instructions and in that event I will not be entitle for refund of any amount whatsoever.
 I understand that our program starts from Mumbai and ends at Mumbai and therefore all the above conditions are binding on me till the completion of the program.
 I further declare that I have not been suffering from any infectious disease for the past one month and that I am keeping good health.

I agree to all the Rules & Regulations of the Mountain Marks. I also agree to receive all the E-mails and SMS from Mountain Marks Group.

Place : _____	xx _____	x _____
Date : _____	Parents Signature	Signature of Participant

RISK CERTIFICATE

(To be filled in by Parents / Guardian for participants below 21 years of age)

This is to certify that my son/daughter/ward/Mr./Ms. is joining the Expedition with my consent. In case of any Accident, illness or injury, I will not hold "MOUNTAIN MARKS" responsible wholly or partly. It is also certified that he/she is fit to undergo the rigours of the trekking expedition.

Place :	Parents Signature xx
	Name
Date :	Relationship

MEDICAL CERTIFICATE (To be filled by a Registered Medical practitioner only)

1. Present/past illness/defect of significance 2. Any known allergy to drugs or foodstuff 3. Injuries/Operations undergone and present condition 5. I have medically examined Mr./Ms. on (date) and found he/she not suffering from any chronic disease & he/she is fit to undergo any trekking/camp activities.	4. Is the applicant suffering from i. An Infectious Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Bronchial Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No iv. Diabetes Mellitus <input type="checkbox"/> Yes <input type="checkbox"/> No v. Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No vi. Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No
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_____ Place & Date	_____ Signature of Medical Officer	_____ Stamp, Registration No. & Designation
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1) Booking Amt.: _____ Receipt No.: _____ Date: _____ 2) Bal. Amt.: _____ Receipt No.: _____ Date: _____ Incharge Sign.: (1) _____ Incharge Sign.: (2) _____	Remarks (For Office Use) :
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* Please read the Rules & Regulations before enrolling in Mountain Marks Club.