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Declaration Form

*Name of Trek/Expedition:	Date of Trek:
*Name:	Age:
*Address:	
(*Fill up in BLOCK letters)	
evacuation, or medical supplies and evacuation will be slow and uncertaine other hazardous terrains. Common as be expected. These include, but are revomiting, and muscle cramps. Sever cerebral edema. In addition, exposure cause symptoms from a wide array drinking water and prepare food propand risks that can be incurred on the	ome remote and less-developed regions, without means of rapid facilities. In the event of an accident, illness or injury as in as these trips take place in mountainous, high altitude, on the duncommon signs and symptoms of altitude sickness should not limited to sleeplessness, coughing, loss of appetite, naused recases of altitude sickness can include pulmonary and/or reto microorganisms unknown to our digestive system may of gastrointestinal disorders despite the best efforts to treat perly. A poor state of health can greatly increase the danger hese trips. Therefore, Yourtrekmates require that all climber physician, are properly immunized for the destination(s), and
Date – Place –	Signature
	aimer and Declaration
dangers, especially with respect to the on this trek can cause one to get inju that my participation in this trek is co	spedition route in the Himalayas has its share of risks and terrain, weather, high altitude, and desolate nature. Accidented, fall ill, and death too cannot be ruled out. I hereby declar ompletely voluntary, and I am fully aware of the risks involved, or partly responsible in case of an accident, illness, injury, or
Place:	N
Date:	Name of the participant