Risk and Assumption Form

I wish to participate in your Trek / Tour / Adventure and hereby enclose a Full payment of USD... Chamlang Expeditions, Kathmandu, Nepal.

Name Of the Trip:	Duration:	Date of Departure:
Full Name:	Sex:	Date of Birth:
Nationality:	Passport No:	Email:
Emergency Contact:	Relation:	Tel:
		Email:
nsurance Company:	Policy No:	Tel:
		Email:
Assumption of Risk Release and Guarantee		
of Drugs Allergy. I am not an addict to any NARCOTIC item, Alcohol etc. To ensure I am Enclosing the medical Certificate from an MBBS doctor		
 Trekking, Expeditions or any adventure in the Mountain Terrain of Nepal Travel by aircraft, car, coaches, jeeps or any other means of conveyance Accidental illness in remote regions with little or no medical facilities and without means of paid evacuation. Accidents caused by the forces of nature. Subject to change the itinerary due to reasons beyond Chamlang Expeditions control. 		
Allergies:		
Best Fruits:		
Profession:		

In Consideration of the above, and as part of the payments for the right to participate in such trekking, tours or other activities and the services arranged for me by the above-mentioned companies and their agents, associates and employees. I have and thereby assume all the above risk and will hold Chamlang Expeditions, exempt form and defend them against any and all liability actions, causes of actions, suits, debts, demands, and claims of every kind and nature whatsoever which I now have or may hereafter arise out of or in connection with the trip of participation in activities managed for me by the above mentioned companies and their agents, associates. This agreement shall serve as a release and assumption of risk and guarantee for my administrators, executors and all members of my family including any minors accompanying me and myself.

I hereby agree to accept all the above risks, danger and conditions as well as agree to pay any and all additional costs that may arise as a result.

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