REPORTING	Pune to Pune	Delhi to Delhi	Other:	
IMP NOTE		 	 	

APPLICATION FORM

Trek Name :..... Trek Date :....

Organised by:

YUVASHAKTI, Pune

Tel.: 020-65221111, 24456696 Mobile: +91 9623667788 e-mail: contact@yuvashakti.org Visit us at: www.yuvashakti.org

Participant Photograph (I. Card size)

Caution: This Application form must be filled fully by the participant only. Name: Mr. / Mrs. / Ms Address:.... (with nearest landmark) Pincode.: Participant Whatsapp No: Emergency contact No: (Compulsory) (Compulsory) Alt Contact (Resi) No : Age : Male
Female Date of Birth: Blood Group:.... (DD/MM/YY) (Compulsory) e-mail id :.... (Compulsory) Photo ID Card No :.... (Compulsory For Jungle Safaris only- Eg. Driving Licence, Passport, PAN, Aadhar, Voter ID Card nos.) Profession : Educational Qualification Previous Outdoor Experience :.... To be filled by office Back Office : Web: **Booking ID:** Amount Received (1)..... Receipt No. & Date : (1)..... (2)..... Receipt No. & Date : (2)..... Mode of Booking/Payment - Online/NEFT/RTGS/Bank Transfer ID Nos..... Batch No..... Reporting Date.....

INDEMNITY BOND / DECLARATION

I						
son / daughter / wife of						
programme organised by Yuvasl	hakti, do solemnly declare that I am doin	g so at my own risk and responsibility. I				
further declare that any person a	uthorised by the above mentioned organ	nisation 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 p	participation in the above mentioned				
programme. The aforesaid orga	anisation and any person authorised by	y them shall not be liable to pay any				
compensation, by whatever nam	ne called, to me or to my dependents, le	egal heirs, successors or to any other				
person.						
I state that I have carefully	read the 'Terms and Conditions' link	of the official website of Yuvashakti,				
www.yuvashakti.org and I agree	e to abide by the 'Terms and Conditions'	'. I further agree to abide & follow the				
directions of the organising autho	orities or their nominees, at all times during	g this programme.				
	en in contact with any infectious disease	·				
keeping good health. I will submit	a physical fitness certificate from a MBBS	S doctor before proceeding for the trek.				
I may be allotted one of the fo	llowing dates in the order of preference a	nd confirmation be sent to me.				
I. 1st Preference (Batch No. and D	Date)					
II. 2nd Preference (Batch No. and	l Date)					
Date :						
Place		Signature of Participant				
	RISK CERTIFICATE					
	In the case of applicants below 18 years	ears.				
It is certified that my son / daugh	nter / ward / Mr. / Ms.					
injury, accident or death resulting	ny consent and the organisers shall no ng from his/her participation in the abo it to undergo the rigours of this programm	ove mentioned programme. It is also				
		Signature of Parent / Guardian				
		(Relationship with the applicant)				

NOTE: Please note that any claim, dispute, court case etc. shall be subject to Pune Jurisdiction only.

Medical Certificate

Ire	k Name :		Irek	Date :		
Name						
Age / Gender	1		Height			
Weight			Chest Expansion			
Pulse Rate			Blood Pressure			
Respiration Rate at Rest						
Condition of Upper limbs, Toes and Feet						
Eyes/ Ears/ Throat						
In my opinion Mr. /Ms, whose signature is given below is fit to undergo the rigors of High Altitude Trekking.						
	Signature of the Participant		Sign	ature of the Medical Officer with Seal		
Registration number	of the council					
Dated						
Place						
Tel/Mobile. No.						