

Participation in the Adventure activity includes travelling in vehicles, trekking, hiking, climbing, camping can result in injury or accidents. Exposure to the natural elements can be uncomfortable or harmful or cause injury. I hereby understand the risk involved in travelling/activity/trip during Covid19 and shall follow all the Safety guidelines given by Competent authority, Backpackers & Adventurers Club and its Organizers.

The inherent risks associated with participation in the activity/trip is briefed and to the maximum extent allowed by law, I Waive, Release, and Discharge Backpackers & Adventurers Club, Its Organizers, Members & Associates from any negligence, claims, losses, or causes of action including, but not limited to death, personal injury or property damage arising out of my own voluntary participation in the above mentioned activity/trip.

I am participating in an amateur outdoor activity organized by the Backpackers & Adventurers Club which is meant for recreation purposes only. The organizers have simply facilitated the gathering of members interested in the activity/trip and I am voluntarily participating and consented to my own risk.

I am in good physical health and have read the difficulty rating and I am confident of my ability to take part in the said activity. I have no significant injury, medical ailments or conditions that would counter-indicate any disability to take part in the outdoor activity.

Rules and regulations have been adopted for the safe enjoyment of the activity and I agree to adhere to those regulations and all other Backpackers & Adventurers Club rules as displayed on the website.

I will follow the organizers instructions and I will not deviate from the planned route. I will not Litter, Smoke or Drink Alcohol. I will pay all shared expenses and dues and any other additional expense that may come up later.

I hereby give permission for the Backpackers & Adventurers Club and its Organizers to secure medical treatment for me in the event of an emergency. I authorize the physician or medical personnel or Certified First Aider present to provide treatment deemed necessary by them. I confirm that I am 18 years of age or older and under no legal constraint or impediments and I acknowledge that by signing this agreement, I or the minor/ward on whose behalf I sign for will be bound to its terms.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my and the minor/ward legal rights. I agree to be bound by its terms. If a provision of this Agreement is or becomes invalid or unenforceable in any jurisdiction that shall not affect the validity or enforce ability of any other provision of this Agreement.

Full Name	_s/od/ow/o	
Minors Name:Age:	Relationship: Fath	ner / Mother / Legal Guardian/ Other:
Contact:	_ Address	
Blood Group Emergency Name & Cont	act	
Signature	Date	_Place

Signature: Full Name: Contact & Address: