

**TRIP BOOKING FORM**

**Release and assumption of risk:**

I am aware that travel, whether in civilized or remote areas and whether by plane, auto, on foot, horseback or the like or other conveyance contains some inherent risks of illness, injury or death. This may be caused by negligence of others, forces of nature, or other agencies, known or unknown. I recognize that such risks may be present at any time before, during and after the trip that I am participation in under the arrangements of Tanka R. Rai and his agents or associates. I am also aware that medical services or facilities may not be readily available or accessible during some or all of the time in which I am participation in the trip.

In consideration of and as part payment for the right to participate in the trip, activities, services and food arranged for me by Tanka R. Rai and his agents or associates in connection with the trip, I have and do hereby fully assume all risk of illness, injury or death, and hereby release and discharge Tanka R. Rai from all actions, claims or demands for damages resulting from my participation in the trip. I agree that the foregoing obligation shall be binding upon me personally executors and administrators, and all members of my family or other domestic arrangements, including any minors accompanying me.

I have carefully read this agreement and fully understand its contents. I am aware that is a release of liability and contract between me and Tanka R. Rai and affiliated organization and sign of my own free will. I also acknowledge that I have carefully read the booking information including its policy and agree to all stated conditions set forth in the booking information. Facsimile shall be treated as original.

Signature: .....

Print Name: .....

Date: .....

Name of trekking area:

Arrival date to Nepal:

Departure date from Nepal:

Trekking area / region:

**Your name (as it appears on your passport):**

Name:

Sex:

Marital Status:

Date of Birth:

Citizen:

Occupation:

Home Address:

Home Phone:

Office / cell phone:

Fax:

Passport Number:

Date of Issue:

Date of expire:

Insurance Company:

Identification #:

**Insurance Company's 24 hrs emergency**

Preauthorization #:

In case of emergency please notify:

Mr. / Mrs.

Relation:

Home phone:

Office phone: