

Oshwal Annapurna Circuit Trek 2020

Participant's Sign-up Form

About You

Full Name (as per passport)			
Email			
Mobile Number			
OAK Member No.		OAK Area	
Gender		Date of Birth	
Address			
Post code			
Passport Number		Nationality	
Date of Issue		Date of Expiry	
Place of Issue			
Allergies (if any)			

Emergency Contact

Full Name			
Relation to you			
Email			
Phone Number		Mobile Number	

Consent Tick each box to confirm

- I confirm I am 18 years or over as of 10th October 2020
- I confirm I have sought medical advice and that I am healthy to be able to undertake this trek without assistance.
- I confirm that I will make my own provisions for any medications which I may require and will not require any assistance.
- I confirm that I will get my own travel and medical insurance.
- I confirm that I will book my own international flights and arrange my own visas and travel vaccinations before travelling as required.
- I confirm the information provided is true and accurate and I have read the info pack and I further understand trekking in generally a safe and beneficial activity but needs to be practised judiciously, correctly and cautiously. As with any physical activity there is a risk of injury associated. The participants by trekking organised on a voluntary basis, by Oshwal Association of the UK, expressly assumes ALL risks, full responsibility and liability for participating in trekking and related training sessions. Participating in the trek and related training sessions is entirely at participant's risk and any loss damage, injury or any other mishap will not be the responsibility of the organiser. If an individual experiences pain at any stage of the trek or during the related training sessions, the individual must stop immediately and seek qualified medical help. If in doubt, whether to take part in the trek and the related training sessions, please consult your doctor for advice before joining. The organiser does NOT take any responsibility and will NOT be liable for any claims resulting from taking part in the trek or the related training.

Participant's Signature _____ Date _____

Return completed forms to shailan.p.shah@oshwal.org