

Declaration Form

1) In recognition of the inherent risks of the activity in which I will engage, I confirm that I am physically and mentally capable of participating in the activity. My participation is voluntary and I will assume financial responsibility for personal injury, accidents, illness and damage to or loss of personal property as the result of any incident or accident that may occur.

2) I understand that this release relates to all claims and liability during or after the trip resulting from a pre-existing medical condition. I have read and completed fully the medical forms provided by wicasa and accept full responsibility for omissions or errors on the Medical Certificate.

3) As it is likely that in these sorts of trips weather must be taken into account, if conditions are such that we have to change arrangements we will not be able to provide any sort of refund. If there are any other circumstances including but not limited to riot, political unrest, natural or other disaster, nuclear incident, terrorist activity, and we have to cancel a trip as a result of these circumstances, we will not be able to provide any sort of refund.

4) If the behavior of any trekker is likely to cause distress or harm to themselves, our member of staff or other team members reserve the right to terminate their trip at any time and they will have to make their own arrangements; we will not be liable for any expenses incurred as a result. We will not entertain any claims arising due to such action.

5) If for any reason you have to leave the trip early, you will not be entitled to a refund. We will not be liable for any expenses incurred to you as a result. However we will try with our capabilities to make the arrangements to a trekker/customer to return to the base safely.

6) In case of any injuries/illness on mountain during a trip/activity, Wicasa will not be responsible. We provide adequate human staff support on the mountains to ensure the basic safety of the trekker. The trekker/customer has to bear all the expenses which may arise in case for medical exigency or emergency condition.

I hereby declare that I have read the above Declaration Form carefully and understand the same.

Name

Sign

Date