



YOUTH HOSTELS ASSOCIATION OF INDIA

(ISO 9001:2015 Certified Organization)

5, Nyaya Marg, Chanakyapuri New Delhi 110021

contact@yhaindia.org | 7827999000



Trekking Registration Form

No _____

Regn _____

Program Route _____

(1) Name (Capital Letters)											
(2) Father's/Spouse Name											
(3) Address	City				State			Pin code			
	dd.mm.yyyy		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> T						
(4) Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-mail			
(5) Blood Group				Mobile No.							
(6) Emergency Contact	Name				Mobile No.						
(7) YHAI Membership No.											
(8) Date of Reporting	(Preference order) (Subject to availability & Confirmation)										
	Date	Month	Date	Month	Date	Month	Date	Month			
(9) Particulars of fee	Amount			Cash/NEFT/DD/UPI					Date		
(10) Indemnity	I hereby affirm that I have carefully read the Indemnity Agreement* and fully understood its content. I am aware that this is a release of risk and liability contract between YHAI and myself. I consent to this agreement on my own free will.										
(11) Signature (Parent's signature if you are under 18)											

* Indemnity Agreement

I am aware that Family camping, Treks, Cycling, Motorcycling and all Adventure Sports have some inherent risks of injury, illness or even death. This may be a result of the negligence of others, myself, forces of nature or other dangers known or unknown. Rescue and medical services may not be able to reach me in time.

I hereby fully assume all risk of illness, injury or death and discharge Youth Hostels Association of India (YHAI) as well as its employees, sponsors, partners, agents and associates from all actions, claims or demands from any damages or injuries resulting out of my participation in this adventure event. This is binding upon me personally as well as on my heirs and all members of my family.

I authorize any medical treatment that may be deemed necessary in the event of any emergency, injury or mishap.

I agree to bear all costs of rescue and medical services that may be incurred on my behalf.

I recognize that, as the provider of services, YHAI will operate in good faith and fairness, but that it may be necessary to terminate the event due to forces of nature, medical necessities or other reasons. I accept their right to take such actions for the safety of all participants including me.

I understand that though precautions will be taken to provide a safe and enjoyable experience, there can be no guarantee of absolute safety against illness, injury or accident, and that, there are grave and unpredictable elements of risk in any adventure sport or activities.

I agree that any film, photographs and audio-visual recordings of me as a participant becomes the property of YHAI and may be used for promotional and commercial purposes.

I heard about YHAI from: Social Media News Radio Posters/Banners Word of Mouth