



Dear Participant,

Thank you for planning your adventure holiday with Chrysalid.

We look forward to your visit and sincerely hope that your experience will be both unique and memorable.

During the experience, you might have to participate in activities that are more demanding than those encountered in everyday life. They may require you to stretch yourself a bit, but most participants including those over 50 years in age have successfully attempted them. Physical fitness, though important, is not a pre-requisite for most activities. However, we do not recommend adventure activities for participants with cases of any heart problem, back problem or high blood pressure.

Depending on the program design of the facilitator, you may be participating in activities like Rock climbing, Rappelling, using Ropes Courses, Trekking, Hiking in hilly terrain or Camping out in the Wilderness. You will be traveling in the hills by jeeps, staying in tents / rooms and depending on the weather, may be exposed to wet and cold conditions and other natural hazards.

Safety of the participants is of paramount importance to us and we have we have basic first aid facilities at Campus. For emergencies we have an arrangement for immediate medical attention with the nearest hospital.

We have planned very carefully and are equipped to handle most situations. However, please understand that in outdoors it is not possible to assure absolute safety. To help us in our endeavor to achieve maximum safety, we require that you read carefully and fill the following forms and return them to us positively before the start of the program.

Sincerely yours,

Amaresh Tiwari & Vikas Bhasin
Founders

PARTICIPANT DATA

Date:	Date of Birth:	Gender:
Name:	Son/daughter/spouse of	
	Contact No.	
Address & Telephone Nos.	Res:	
	Office	

PARTICIPANT HEALTH DECLARATION & CONSENT FORM

Health History		
Please indicate any illness you have had or currently have		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Spondylitis	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Allergies	<input type="checkbox"/> Joint Pain
<input type="checkbox"/> Hernia	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Sinus Problems
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Nervous Tension	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Pulled Muscle	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Impaired circulation
<input type="checkbox"/> Knee Problems	<input type="checkbox"/> Strained Ligaments	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Depression
<input type="checkbox"/> Shoulder Pain	<input type="checkbox"/> Limited Movement	<input type="checkbox"/> Other _____

Important Note:

*In case you have any of the illness, we strongly recommend you seek advice from your doctor before you register and forward your entry.
Please also note that Chrysalid discourages the use of alcohol on its programs.*

I certify to the best of my knowledge the above information is correct and complete. I declare that I am fit to participate in such program and have obtained appropriate level of fitness to participate in physically demanding activities.

I have read and voluntarily signed this consent and have agreed to assume the entire risk of loss, property damage, illness, injury or death (collectively "losses") that I may sustain in conjunction with my participation in activities at Chrysalid Camps. I understand that my participation in the Program may include participation in the various physical activities.

I acknowledge that there are risks inherent in the Program and that I may sustain losses as a result of participating in the Program. I voluntarily agree to assume (for myself, my representatives, heirs, assigns and next of kin) all such risks, foreseeable or otherwise, and hereby release "Chrysalid Outdoor Learning Centres India Private Limited " and all persons and entities connected with the Program, from any liability for any and all losses whatsoever, whatever the cause, that I may sustain. My assumption of the entire risk of any and all losses to me in the Program is intended to apply to any and all losses no matter how the loss (or losses) is (or are) caused.

I hereby authorize "Chrysalid Outdoor Learning Centres India Private Limited" and assign to it the right to edit, publish copyright and use, in perpetuity, any and all information , photographs, videos and films taken while in course of the program and in which I appear.

I agree to fully indemnify and hold harmless "Chrysalid Outdoor Learning Centres India Private Limited" from and against any loss, liability, damage, cost and expense which may incur or sustain relating to any personal injury suffered by me while traveling to and fro from the program.

Signature & Name of Participant

(In-case of Minor/ Student by his/her parents)

**Counter signed and Stamped by the employer:
(if applicable)**

Date: