Liability Waiver & Participant Declaration Form

Expedition: Kedarnath & Rudraprayag Retreat | Organizer: Devas Unlimited

1. Acknowledgment of Risk

I, the undersigned, hereby acknowledge that I have voluntarily chosen to participate in the high-altitude trekking expedition to Kedarnath organized by Devas Unlimited. I understand that trekking in the Himalayas involves inherent risks beyond the control of the organizers, including but not limited to:

- High-Altitude Challenges: Potential physiological reactions to low oxygen levels, such as Acute Mountain Sickness (AMS) and related altitude complications.
- Environmental Factors: Unpredictable weather patterns, terrain challenges, and the remote nature of the region, which may limit the speed of access to advanced medical care.
- Physical Exertion: The strenuous nature of the trek, which may impact individuals with varying levels of physical conditioning.

2. Medical Fitness & Disclosure

I confirm that I am in sound physical and mental health and fully capable of undertaking this journey. I have consulted with a medical professional regarding my readiness for high-altitude activity. I have provided a complete and accurate disclosure of all medical history, allergies, and current medications to Devas Unlimited. I agree to defer to the authority of the expedition lead, who holds the discretion to modify my itinerary or initiate a return if they determine my health or safety is at risk.

3. Limitation of Liability

I understand that Devas Unlimited, its directors, guides, and associates operate with the highest regard for participant safety. However, I agree that the company shall not be held responsible for unforeseen personal injury, illness, or critical health consequences arising from the inherent nature of this expedition. This release includes, but is not limited to:

- Incidents resulting from environmental conditions, natural occurrences, or unforeseen mountain hazards.
- Acts or omissions of third-party providers (transport, lodging, or aviation services).
- Any irreversible personal loss or complication arising from health conditions aggravated by altitude or physical strain.

4. Emergency Procedures & Financial Responsibility

In the event of a medical necessity, Devas Unlimited will facilitate coordination with local emergency and rescue services. I understand that all costs associated with rescue, evacuation, or medical intervention are my sole financial responsibility. I acknowledge that I am responsible for securing comprehensive travel insurance that explicitly covers high-altitude trekking activities.

5. Participant Agreement

By signing below, I certify that I have read this document, understand its significance, and voluntarily assume all risks associated with this expedition. I agree to release Devas Unlimited from any claims related to the aforementioned risks.

Participant Details:

- Full Name: _____
- Date of Birth: __ Blood Group:
- Emergency Contact Name & Number: ___
- Medical Conditions/Allergies: _____

Signature:

Participant Signature Date

Disclaimer: This document is provided as a template for professional use. It is strongly recommended to have this draft reviewed by a legal professional in India to ensure it meets current state regulations and your company’s specific insurance requirements.