



# Mountain Quest

Address : B1/ B19 Aranyeshwar Park, Pune- 411009

## APPLICATION FORM

Photo

1. Name : \_\_\_\_\_  
(BLOCK LETTERS) (SURNAME) (FIRST NAME) (MIDDLE NAME)

2. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN: \_\_\_\_\_

Phone No : (R) \_\_\_\_\_ (O) \_\_\_\_\_  
(M) \_\_\_\_\_ (M) \_\_\_\_\_

e-mail id : \_\_\_\_\_

3. Date of Birth:     
Age (in completed years) \_\_\_\_\_

4. Profession : \_\_\_\_\_

5. Blood Group : \_\_\_\_\_

6. Allergies (if any) : \_\_\_\_\_

7. Educational Qualifications: \_\_\_\_\_  
\_\_\_\_\_

8. Hobbies : \_\_\_\_\_

9. Previous Activities: \_\_\_\_\_  
\_\_\_\_\_

\*10. Insurance Policy No: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Signature

### Green pledge

I promise to be a responsible trekker and leave the mountain trails in a better condition that I find them in. I will not pollute the trails, campsite or water bodies. I will bring back all my own waste. As my contribution to leave the trail in a better condition, I will participate in activities to undo damage done by others to the environment.

Signature

## DECLARATION

I \_\_\_\_\_ son / daughter / wife of \_\_\_\_\_ resident of \_\_\_\_\_ having agreed to take part in the treks organized by **Mountain Quest** or/and for-----do solemnly declare that I am doing so with my own free will and at my own risk and responsibility. I am taking admission by my free will and not under influence of any person or not by any mental pressure of any person. I further declare that any person authorized by the above mentioned organization on their behalf shall not, in any way be liable to me or my dependents, legal heirs, successors or to any other person for any loss, damage, disability or injury sustained by me or for death caused to me or for any such unforeseen eventualities arising during my participation in the above mentioned programme. I understand that the organizers are experienced enough to ensure my safety and well being during the programme and I agree that the aforesaid organization and any person authorized by them shall not be liable to pay any compensation, by whatever name called, to me or to my dependents, legal heirs, successors or to any other person.

I agree to adhere strictly to the discipline of the programme and abide by the directives of the organizing authorities or their nominees, at all times during this programme. Failing to that I understand that I am liable for expulsion from the programme with immediate effect.

I declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health. I will submit a physical fitness certificate from a registered Medical practitioner /MBBS doctor along with application form.

**Date** :  
**Place** :

**Signature of Participant**

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## RISK CERTIFICATE IN CASE OF APPLICANT BELOW 18 YEARS

I hereby certify that my son/ daughter/ ward/ Ms/ Master \_\_\_\_\_ is joining the programme with my own free will and my full consent.

I understand that the organizers are experienced enough to ensure safety and well being of him/her during the programme and I agree that the organizers shall not be held responsible for any kind of illness, injury, accident or death caused to him/her or any such unforeseen eventualities arising during the programme.

I also hereby certify that he / she is physically fit to undergo the rigors of this programme.

**Mobile no of parent/Guardian**

**Signature of Parent / Guardian  
(Relationship with the applicant)**

**Note:** Please note that any claim, dispute, court case etc. shall be subject to Pune Jurisdiction only.