



INDEMNITY FORM & MEDICAL DETAILS

Name:..... Mobile:.....

E-mail:.....

(In case of Emergency, Contact Name & Number:.....)

We request you to provide details of your medical history (if any), to ensure that we are fully equipped to enable you to make the most out of this program. We like to follow up on an initial medical history. Please complete this form accurately and to the best of your knowledge. Every question must be answered. None of these conditions necessarily prevents you from participating in a course.

KINDLY CALL US FOR ANY CLARIFICATIONS

If you check yes to any question below, provide a detailed description on a new sheet.

Yes / No / Details

- Do you have any present medical problems?
• Does your health prevent you from participating in any physical activities?
• Are you taking prescription or non-prescription medications? (List medications, dosages & reasons for taking).
• Do you have asthma or shortness of breath?
• Did you ever have seizures?
• Do you require a special diet? (Please specify) food allergies if any?
• Do you have problems with neck, back, knees or joints that limit your activities?
• Have you taken Anti - Tetanus vaccine...../ Hepatitis B vaccine.....

Height:_____ft._____inchs.

Weight:_____Kgs.

Birth Date (mm/ dd/ yy):_____Age:_____

Blood Group:_____

All the information provided by you will be treated as of utmost importance. We understand that your signature at the end of the document given by the doctor , selected by Zice Holidays, the permission to provide medical treatment or hospitalize you, in case need be. "I understand that traveling with may involve risks (and rewards) above & beyond those encountered on a more conventional holiday, & that I am undertaking an adventure trip with inherent dangers. I understand that I am traveling to geographical areas where, amongst other things, the standard of accommodation, transport, safety, hygienic, cleanliness, medical facilities, telecommunications & infrastructure development may not be of the standard I am used to at home or would find on a conventional holiday. I have read & understood the Zice Trip Notes for the trip I am undertaking & have provided details of any pre-existing medical conditions. I accept these risks & obligations & fully assume the risks of travel. I release Zice Travel Services Pvt. Ltd from any liabilities connected to these risks to the maximum extent permitted by law."

Participants Signature / Date