



SOCIETY FOR TREKKING AND ENVIRONMENTAL PRESERVATION (STEP)
Regd. Office: RZ-22A/3, Gali No.33, Indira Park, Palam Colony, New Delhi-110045
(Registered under Societies Registration Act, 1860 vide Registration No.S/27084/2009)

PARTICIPATION FORM

1. Name of the programme/expedition: _____
2. Name of the applicant (Mr./Mrs./Ms.): _____
(in block letters)
3. Father's/Husband's Name: _____
4. Date of Birth : _____
5. Occupation : _____
6. Residential Address: _____

- PIN _____
7. Contact No. _____ email D _____
8. Membership No. _____
9. Particulars of Participation Fee Cash/vide cheque/DD No. _____
Drawn on _____
10. Next of kin (contact address and No.) _____

Affix your
Recent
photograph
here

Dated:

Place:

Signature of the participant

Declaration

I agree to adhere strictly to the discipline of the programme and abide by the directions/instructions of the organizing authorities or their representatives, at all times and shall not deviate from the set route/schedule of the expedition/programme.

In case of any accident, illness or injury, mis-happening, I will not hold the Society for Trekking and Environmental Preservation (STEP), responsible wholly or partly.

I further declare that I have not been suffering from any infectious disease and I am aware about the hazards attached with trekking expeditions and I am fully fit to undertake the rigours of arduous trekking.

Signature of the Participant

MEDICAL CERTIFICATE

(To be filled in by a Registered Medical Practitioner only)

Name (Mr./Mrs./Mrs.) :

Date of Birth..... Marital Status.....

Address.....
.....

1. Any present illness/past history of sickness.....
.....
2. Any known allergy to drugs or foodstuff.....
3. Is applicant from any infectious decease/mental disorder/skin decease/Heart Trouble.....
.....
4. I have medically examined Mr./Mrs./Ms.....on
And found him/her medically fit to undergo a trekking expedition in high altitude areas in the mountains.

Signature of the Medical Practitioner

Regn. No. and Stamp

RISK CERTIFICATE

(For participants below 18 years of age)

This is to certify that my son/daughter/ward namely Mr./Ms.....
is joining the Trekking Expedition/programme with my consent. In case of any accident, illness, injury or any mis-happening, I will not hold Society for Trekking and Environmental Preservation (STEP), responsible wholly or partly. It is also certified that he/she is fit to undergo the rigours of the trekking expedition. I am fully aware about the hazards associated with such trekking expeditions.

Place:.....

Signature.....

Date:

Name.....

Relationship.....