RISK ACKNOWLEDGEMENT, DISCLAIMER, & MEDICAL FORM
THIS IS AN IMPORTANT DOCUMENT - PLEASE READ IT CAREFULLY BEFORE SIGNING

Ecotrip participants have the responsibility to select a trip appropriate to their abilities. Red Panda Network (RPN) is happy to discuss the trip, as well as provide you with names of past participants who can discuss their experiences with you. Ecotrip participants must be in sufficiently good health to undertake an RPN ecotrip.

Trips participants are responsible for preparing by studying the itinerary and any pre-departure information. Trip participants are responsible for bringing appropriate clothing and equipment as advised.

If you arrive at the start of your trip with a pre-existing condition or injury that was not disclosed in writing to RPN, and you are subsequently forced to leave because of this condition, you will be responsible for all extra evacuation services and will not receive a refund of any unused trip services. Additionally, if you refuse recommended medical treatment on a trip, RPN reserves the right to send you home at your own expense and without any refund of any unused trip services.

RPN highly recommends purchasing travel insurance for the duration of your ecotrip.

I understand this ecotrip involves off-road transport, long-distance hiking, walking at high altitude, wildlife and domestic animals that can present hazards.

I understand that there could be a risk of serious injury or death if I do not follow the RPN instructions and safety management while undertaking the ecotrip.

I understand that each trip participant is ultimately responsible for his or her own medical expenses.

I consider myself physically and psychologically capable of participating in the ecotrip.

I understand that I may be denied participation in the ecotrip once in Nepal if I do not disclaim full health and physical conditions in this disclaimer AND that I will cover all the accommodation, return flights and associated costs while organizing and waiting for the return flight.

1. Do you have any of the following?
   _____ Epilepsy   _____ Neck/Back/Head Injury   _____ Allergies
   _____ Heart Condition   _____ Asthma   _____ Balance Issues
   _____ Recent Surgery   _____ Medications (required)   _____ Vision Issues/Concerns
   _____ Recent Illness   _____ Hearing Issues   _____ High Blood Pressure

Notes: ____________________________________________________________________________________________________________________________________________

______________________________________________________________________________
______________________________________________________________________________
2. List any other medical issues or concerns that the Red Panda Network staff should know about to help ensure your safety during the trip. (attach a separate page if needed)

________________________________________________________________________________________

________________________________________________________________________________________

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3. Please check if you agree to the following:

☐ I have read, understood, and accept all the terms in this document.

☐ I agree to myself receiving any emergency medical, dental, or surgical treatment as considered necessary by the medical authorities present while undertaking the RPN eco trip.

☐ I speak and understand the English language.

☐ I have received the equipment gear list, and am prepared with all the items mentioned.

4. Emergency Contact Information:

EMERGENCY CONTACT: ________________________________________________________________

YOUR RELATIONSHIP TO CONTACT: _________________________________________________

EMERGENCY CONTACT PHONE NUMBER: ______________________________________________

EMERGENCY CONTACT EMAIL: _______________________________________________________

5. Medical Insurance Information:

MEDICAL INSURANCE PROVIDER: ______________________________________________________

YOUR POLICY NUMBER: ______________________________________________________________

MEDICAL INSURANCE PROVIDER’S PHONE: ____________________________________________

6. Please sign below indicating that you have read and understood all terms and conditions above.

DATE: ____________________________

PRINT NAME: _____________________________________________________________

SIGNATURE: ________________________________________________________________