**NATIONAL CANYONING RENDEZVOUS, 9th And 10th JUNE-2017**

**PARTICIPANT FORM**

Participant Name : ……………………………………………………………
Sex : ………… Nationality:…………………………………….
Height: ………… Weight: ………… Blood pressure………………………
Any medical history (majors) :………………………………………………………….
………………………………………………………………………………………………………..

Mobile no;…………………………………. Office/home no:…………..
Email:……………………………………………………………………………….
Address:…………………………………………………………………………….

Previous related experience:…………………………………………………………….
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

**In case of emergency (contact to)**
Name:………………………………………… Relationship:………………..
Mobile no;…………………………………. Office/home no:…………..
Address:……………………………………………………………………………..

I hereby declare that if there is any unseen problem arise during the NCR 2017 such as accident, physical damage or injury, natural disaster etc. will bear by myself and assumption of risk, responsibility and release of liability and I understand that by signing this document I am waiving any and all legal rights.

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Participant Signature
Date :