**BASIC CANYONING GUIDE TRAINING, 03RD JUNE TO 09TH JUNE-2018,THAKRE GAUNPALIKA-06,2018.**

 **PARTICIPANT FORM** Receipt No.

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 arises during the Basic Canyoning Guide training 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
Registered Date :

**NOTE :NEPAL CANYONING ASSOCIATION TEAM HAS ACCESSED ALL THE SAFETY MEASURES AND HIGHLY TRAINED FOR THIS ACTIVITY. THOUGH ACCIDENT ARE INEVITABLE.**

**Nepal Canyoning Association.KesharmahalThamel.**[**www.nepalcanyoning.org.np**](http://www.nepalcanyoning.org.np)**, nepalcanyoning@gmail.com**