

Last updated 19/02/2024

0800 ORPHAN  
0800 677 426



## Registration Form

### Everest Base Camp Supporters Trip – October 2024

It's our Everest year! It's a celebration of epic proportions and the first time we have hosted a team in India. Thank you so much for your interest in attending our supporters trip to India and the Himalayan region, including trekking to Base Camp of Mount Everest, starting in Kolkota, India on Sunday October 13<sup>th</sup> – and finishing in Kathmandu, Nepal on Friday November 1<sup>st</sup> 2024.

Below is a registration form that must be completed and returned to us by Sunday 14<sup>th</sup> April 2024. We will then confirm if you have been successful in securing a place on the trip by mid April (numbers are limited and interest in the trip has been high). If trip attendance is confirmed, a \$1,000 deposit will be invoiced and due by Tuesday May 14<sup>th</sup> 2024.

*Note: The name you use below must match the name in your passport.*

First Name

Last Name

Preferred Name

Street number & name

Suburb

City & Post Code

Email Address

Home Phone (if applicable)

Mobile Phone

Occupation

DOB (DD/MM/YYYY)

Sex

Male

Female



Do you have a valid Passport?  Yes  No

Passport Number  Expiry Date  Nationality

(Note: Your passport must be valid for **6 months beyond** the date of receiving your Indian visa and/or date of entry)

Food Allergies  Accommodation  Single Room (extra)  Share Twin Preferred Roommate (if applicable)

Please indicate if you have any pre-existing medical conditions, criminal convictions and/or communicable diseases (a Police check will be completed if you are selected for the trip). Failure to disclose these now could mean you are excluded from the trip and forfeit all monies paid.

Criminal Conviction  Yes  No

Communicable Disease  Yes  No

Pre-existing medical conditions  Yes  No

If you answered yes to any of the above, please provide details:

Emergency Contact  Phone  Email Address

Thank you for your registration. Please scan the completed forms to [events@orphansaidinternational.org](mailto:events@orphansaidinternational.org) or post to Orphans Aid International PO Box 2405 Wakatipu, Queenstown 9349.

Please continue to Agreement & Disclaimer on next page.





## Agreement & Disclaimer

### Everest Base Camp Supporters Trip – October 2024

I, \_\_\_\_\_ have read and understand all of the information provided in this registration form and this Agreement & Disclaimer relating to the Orphans Aid International (“OAI”) Supporters Hosted Visit to India and Nepal including Mount Everest scheduled for October 13<sup>th</sup> through to November 1<sup>st</sup> 2024 (“the Trip”).

The information I have provided above is accurate and true to the best of my knowledge and belief. In consideration of OAI agreeing to me attending the Trip, I agree to the following:

1. I will arrange (and provide evidence of) comprehensive travel insurance acceptable to OAI. I am in good health, and will advise OAI of any disability and/or pre-existing medical condition and any special dietary requirements in a letter accompanying this application.
2. I accept that if I am subsequently unable to attend the Trip, then any payments are non-refundable and non-transferable. I grant OAI the right to use my image in any photo or video, and my voice or testimonial in any form of promotional or advertising materials. I shall abide fully by any additional rules and requirements by the Trip host.
3. I acknowledge that all travel includes inherent risks, such as transportation failure, transportation accident, illness resulting from food-borne or water-borne pathogens, and the risk of kidnapping or terrorism. Although OAI will take all reasonable measures to avoid harm to me during the Trip, I acknowledge that OAI cannot and will not give any guarantees of my safety or my property.
4. I personally assume all risks and liabilities in connection with my participation in the Trip and agree to release and hold OAI harmless from all liability for harm to me or my property, resulting directly or indirectly from my participation in the Trip, including but not limited to, liability for harm or loss resulting from transportation failure, accident, illness, disease, kidnapping, terrorism, civil unrest or any other cause whatsoever, even if OAI is allegedly or actually negligent.
5. If I am injured during the Trip and I am unable at the time to authorise medical treatment, I consent to OAI authorising, on my behalf, dental, medical, or surgical treatment, including but not limited to X-rays, anaesthetic, or anaesthesia being administered, by any suitably qualified medical professional chosen by OAI. I understand and agree that this consent is given to encourage OAI and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. I personally assume the liability for payment of any physician, dentist, surgeon, hospital, clinic, or ambulance service and shall reimburse OAI for any payment made on my behalf.

Signature \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_ 2024

Witnessed by  
(Printed Name) \_\_\_\_\_

Signature \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_ 2024

