



TAMIL NADU FOREST DEPARTMENT
TAMIL NADU WILDERNESS EXPERIENCES CORPORATION



TAMIL NADU WILDERNESS EXPERIENCES CORPORATION
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TREK CONSENT FORM FOR MINOR/ CHILD

(Declaration by the Parent / legal guardian of the Participant)

Name of Trek/Trail:

Date of Trek:

<u>Details of Child / Minor Participant</u>	
Name of Participant	
Age	
<u>Parent/ Guardian Details</u>	
Name of Parent/Guardian	
Address	
Relationship with the child	
Phone Number	
Alternate contact number	
Email Address	

Consent and Acknowledgment:

I, the undersigned parent/guardian, give my consent for the above child to participate in the trekking activity organized by Trek Tamil Nadu in the aforesaid trail on the said date.

I acknowledge and agree to the following:

- **Health and Fitness:** My child is in good health and possesses the physical stamina required for this activity. I have not concealed any health-related information which may cause the child unfit to perform the trek.
- **Behavior:** My child will follow all instructions and adhere to the behavioral guidelines set by Trek Tamil Nadu. I understand that Trek Tamil Nadu reserves the right to terminate my child's participation if they cause distress to others or engage in unacceptable behavior, with no refund for unused services.
- **Risks:** I understand that trekking involves inherent risks such as challenging terrain, extreme weather conditions, high altitude and wildlife encounters. These risks can lead to slips, falls, injuries, illness, or even death in the rare scenario.
- **Liability:** In the event of any unnatural happenings, neither the organizers nor the Tamil Nadu Forest Department can be held wholly or partly liable for any sort of loss, damage, or injury to the individual or personal belonging including during trek, or in any other context related to the trek.
- **Changes and Costs:** The activity may be altered due to factors such as weather conditions, road closures, unforeseen situations or emergencies. Any additional costs arising from such changes will be the participant's responsibility.
- **Emergency Authorization:** In the event of an emergency, I authorize Trek Tamil Nadu to seek medical treatment for my child as deemed necessary. I agree to cover any costs associated with such treatment if not covered under the trek insurance.

I hereby confirm and declare that I am the Parent / legal guardian of the Participant. I hereby declare that I have read all the disclaimer terms and accept responsibility for the child's participation in the trekking activity. I am fully aware of the risks involved but firmly believe that the gains from nature exploration and outdoor learning outweighs the inherent risks and I hereby grant permission for my child to take part in the trekking activity.

Date:

Place:

Signature of Parent/ Guardian of the Participant -
