

Medical Information and Release

Introduction For your safety and well being as well as to ensure that we can give you the best care possible while on the retreat, we require you to fully disclose all medical and related conditions which may impact on you and your fellow travellers. Feel free to give more detailed information under separate cover if you feel it is necessary in order for us to give you the best support during your journey with us. Please answer the following questions in full.

General Disclosure Do you have, or have you had, any Physical, Mental or Emotional Health issues for which you are under medical care or supervision?

- No
- Yes

Medication Please list all the prescription medication you are taking at present:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Current Care Are you under the care of a Mental or Emotional Health practitioner – including but not limited to a psychologist, psychiatrist, counsellor, spiritual healer etc. If you, please indicate if we have your permission to contact them.

- Yes, you may contact them as follows:

- No, I don't want you to contact them.
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Other Information

Is there anything else we should know regarding you that would assist us in providing you with the best care possible during the journey?

Contact information

In case of an emergency, please provide contact information of at least 2 individuals:

1. Name
2. Relationship
3. Phone #
4. Cell #
5. E-mail

6. Name
7. Relationship
8. Phone #
9. Cell #
10. E-mail

Waiver

I have truthfully and completely answered the questions. I declare that I am medically fit to travel to India. If I am under treatment, I have obtained clearance from my medical practitioner. I have enclosed copies of any such forms with this waiver. Accordingly, I release LDI, its agents and employees, from any and all liability regarding my medical care and condition while attending their retreat.

I will purchase Medical Insurance and provide details to Lets Do India upon making final and full payment for the trip!

Signed this _____ day of _____, 20__ in the city
of _____

Name of Registrant: _____

Signature of Registrant: _____

Witness (name/Signature) _____

Relationship of Witness to Registrant _____