



# KAILASHA NEXUS®

Global Outreach | Spiritual Pilgrimage Coordination

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## KAILASH MANSAROVAR YATRA BOOKING FORM 2026

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I wish to participate in the **Holy Mount Kailash and Lake Mansarovar Yatra** organized by **Kailasha Nexus®** and I hereby enclose an advance deposit of INR / USD .....

### Participant Information

Name: .....

Family Name: ..... Gender: .....

Date of Birth: ..... Nationality: .....

Passport No: ..... Passport Expiry Date: .....

Place / Date of Issue: .....

Tel / City Code: ..... Occupation: .....

Present Mailing Address: .....

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Mobile: ..... Email: .....

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### **Emergency Contact Information**

Emergency Contact Name: .....

Tel / City Code: ..... Relation: .....

Email: ..... Mobile: .....

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### **ASSUMPTION OF RISK, RELEASE AND GUARANTEE**

I declare that I do not suffer from any serious medical conditions such as:

- High or Low Blood Pressure ( )
- Heart Bypass Surgery or Severe Heart Disease ( )
- Diabetes (uncontrolled) ( )
- Spondylitis ( )
- Asthma or serious breathing problems ( )
- Prostate related illness ( )
- Allergy to Sulphur Drugs ( )

I further confirm that I am **not addicted to any narcotic substances or excessive alcohol**.

To confirm my physical fitness, I will provide a **medical fitness certificate issued by a registered MBBS doctor** prior to the journey.

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I understand that the **Kailash Mansarovar Yatra** involves trekking and travel in high-altitude mountainous regions. I acknowledge that such journeys involve certain risks and uncertainties including but not limited to:

- (a). Trekking and walking in high altitude mountain terrain.
  - (b). Travel by aircraft, bus, jeep, or other modes of transportation in remote areas.
  - (c). Illness, altitude sickness or accidents occurring in remote regions where medical facilities may be limited.
  - (d). Natural events such as weather changes, landslides, road blocks, or other conditions beyond the control of the organizers.
  - (e). Changes in itinerary due to government regulations, weather conditions, or safety requirements.
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In consideration of being allowed to participate in this pilgrimage and the services arranged by **Kailasha Nexus®**, its partners, agents, associates and employees, I hereby voluntarily assume all risks related to the journey.

I agree that **Kailasha Nexus®**, its coordinators, partners, associates and employees shall not be held responsible for any injury, illness, loss, damage, delay, or other unforeseen circumstances occurring during the journey.

This agreement serves as a **release of liability and assumption of risk** for myself, my family members, heirs, executors, administrators, and any accompanying persons including minors.

I confirm that I understand and accept all the above risks, conditions and responsibilities and agree to bear any additional costs that may arise during the journey.

**Applicant Name:** .....

Signature of Applicant: .....

Date: .....

Place: .....