

**Disclaimer, Declaration, Sustainability Pledge & Agreement
(To be filled in by the participant)**

I _____ have voluntarily applied to participate in this tour/trip/event/activity/trek (hereafter referred to as “*journey*”) with the knowledge of the numerous risks and dangers involved, which include but are not limited to: dangers and risks inherent in outdoor activities; negligence in any manner on the part of **Map My Stories**; emotional trauma; loss of personal belongings; disfigurement; temporary or permanent disability; including paralysis; death; acts of God; health complications due to food and weather allergies; the hazards of traveling in remote, unsafe or politically unstable areas or under unsafe conditions; the dangers of civil disturbances and war; forces of nature; transportation failures; equipment failures; accident or illness in remote places without access to medical facilities, transportation, or means of evacuation and assistance; unexpected events; terrorist activities, social or labour unrest; criminal activities; mechanical or construction failures or difficulties; diseases; local laws; climatic conditions; abnormal conditions or developments; or exposure to potentially dangerous wildlife, insects, plants, microorganisms, falling rocks, landslides, accidental drowning, accidental slips and falls; or any other actions, omissions, or conditions outside of **Map My Stories**’ control.

I further declare that all the details furnished by me to **Map My Stories** are true and correct.

I certify that I am in good health, have no medical, mental, physical conditions that affect my ability to travel and/or participate in the *journey* and have not been advised otherwise by a medical practitioner. I acknowledge that **Map My Stories** is in no way responsible for any costs related to my medical care during or after the *journey*.

I pledge to follow **sustainable tourism practices** such as minimising single-use plastic and leaving no trace behind. I pledge to NOT reveal locations on social media and other outlets in order to protect them from over-tourism. I pledge to NOT disrespect the local people and their culture.

Map My Stories

7/51, ECC Road, Whitefield, Bengaluru- 560066
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Website: mapmystories.com

I agree that the terms of this agreement shall serve as a complete release and express assumption of risk for myself, all members of my family and all minors traveling with me, my and their heirs, successors, assigns, and legal representatives. It is my intention to fully assume all risks associated with this *journey* and to release **Map My Stories from any and all liability to the maximum extent permitted by law.**

I have carefully read and understand the inclusions and exclusions for this *journey* and **Map My Stories' cancellation and refund policy. As lawful consideration of, and as part of the payment for, the right to participate in the *journey*, and as part of the payment for the services arranged for me by **Map My Stories**, I hereby expressly agree to be responsible for my own welfare and assume all of the above risks and agree to release, discharge and hold harmless forever **Map My Stories** from and against any liability, actions, causes of actions, debts, suits, claims and demands of any and every kind and nature whatsoever which I now have or which may hereafter arise out of or in connection with my *journey* with **Map My Stories**.**

I have carefully read and understand the provisions and legal consequences of this agreement, and I hereby agree to all of its conditions. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I understand that in calculating the cost of this tour/trip/event/activity/trek, **Map My Stories has relied on my consent to these terms and their enforceability. Without this agreement, **Map My Stories** would not be able to offer these services. I agree that execution of an electronic transmission of this agreement shall be deemed execution of the original agreement. I agree that my digital signature on this agreement shall be deemed original. I agree that electronic transmission of an executed copy of this agreement shall constitute acceptance of this agreement.**

Signature (18 years of age or older):

Date:

Emergency Contact Number: