

To
The Managing Director
Himalayan River Fun Pvt. Ltd
Thamel, Kathmandu, Nepal



I would like to Rafting/Trekking in the following River/Region of Nepal. I agreed to do a Rafting / Trekking under the care of Himalayan River Fun with the following particulars and conditions:

Visitors Information

- 1. FULL NAME: ----- (GENDER) -----
- 2. NATIONALITY -----
- 3. DATE OF BIRTH -----
- 4. ADDRESS:
 - PERMANENT ADDRESS: -----
 - TELEPHONE: ----- FAX----- MOBILE-----
 - POST BOX: ----- STREETS----- CITY-----
 - EMAIL: -----
 - TEMPORARY ADDRESS IN NEPAL: -----
- 5. OCCUPATION: -----
- 6. PASSPORT NO: -----
- 7. DATE OF ISSUE: -----
- 8. DATE OF EXPIRY: -----
- 9. PERSONAL TRAVEL INSURANCE: -----
- 10. EXPEDITION REFERENCE (RIVER) : -----
- 11. DURATION OF RAFTING/TREKKING: FROM ----- TO ----- DAYS-----
- 12. STARTING POINT-----ENDING POINT: -----
- 13. IN CASE OF ACCIDENT/EMERGENCY PERSON TO CONTACT: -----

Payment/cancellation policy

- ❖ Full amount paid to the company before your trip starts and 30% advance for the conformation trip
- ❖ Cancellation should be made 48 hours before departure and 33% cancellation charge is approved beside tax, transportation, permits and other fixed expenses
- ❖ In case of incomplete Rafting/Trekking days due to the tourist own problem the amount of money paid not refundable.
- ❖ If clients want to do Rafting/trekking, more then the itinerary, they can pay directly to the guide per day per person basic.

Release and assumption of risk

By the booking on this expedition you acknowledge that there is an element of risk involved, Himalayan River Fun, its agent associates and suppliers accept no responsibility for any illness, injury or death.

You assume all risks while traveling by aircraft, bus, private vehicle, water craft, water gear, all medical expenses you incur, including rescue by whatever means, medical and repatriation costs are paid by you. Information by you of you insurance details is both true and accurate You fully assume all risks and release Himalayan River Fun, its agents, associates and suppliers from any responsibility

Date:/...../.....

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Signature of applicant

Payment By: *Credit/Debit Card or Bank Transfer*