Client Consent & Indemnity Form

Adventure Frontiers – Adventure Activity Consent Form

I, _____ (Full Name), aged _____ years, resident of _____, hereby declare the following:

1. I am voluntarily participating in the activity/trek organized by Adventure Frontiers at my own risk.
2. I understand that adventure activities involve inherent risks including injury, illness, accidents, or even death.
3. I confirm that I am physically fit and have disclosed all medical conditions to the organizers.
4. I will follow all safety instructions and use equipment as directed by the guides.
5. I shall not hold Adventure Frontiers, its staff, or associates liable for any accident, loss, or injury arising during the activity, except in case of proven negligence.
6. I consent to first aid and/or medical treatment being provided in case of emergency.
7. I permit Adventure Frontiers to use photographs/videos of the activity for promotional purposes

Signature of Participant: _____

Date: _____

(For minors below 18 years)

I, _____ (Parent/Guardian), give my consent for my ward _____ to participate and accept all risks/responsibilities on their behalf.

Parent/Guardian Signature: _____