



**Registration Details**

1. Fill up the registration completely, as listed in this document.
2. Mail / fax a copy to us with a recent passport size photograph.
3. Make payments as per the given bank details by Cheque / DD / Cash / Electronic Transfer.
4. Upon receipt of payment and registration form, its verification and acceptance, we will send you an invoice.
5. Along with the Invoice, will be a letter to welcome you as a participant for the given tour.
6. Bank Details –

- |                          |                      |                             |
|--------------------------|----------------------|-----------------------------|
| <input type="checkbox"/> | Bank:                | HDFC BANK LTD               |
| <input type="checkbox"/> | Account Name:        | SYNAPSES ADVENTURES PVT LTD |
| <input type="checkbox"/> | Account Number:      | 12238190000271              |
| <input type="checkbox"/> | Location of the bank | Sector – 19, Noida          |
| <input type="checkbox"/> | Type of account      | Current Account             |
| <input type="checkbox"/> | Swift Code           | HDFCINBB-DEL                |
| <input type="checkbox"/> | Branch Code          | 1223                        |
| <input type="checkbox"/> | MICR Code            | 110240141                   |
| <input type="checkbox"/> | IFSC Code            | HDFC0001223                 |

Demand Drafts / Cheques to be issued in the name of “**Synapses Adventures Pvt Ltd**”.

Company Details

- |                          |                     |                 |
|--------------------------|---------------------|-----------------|
| <input type="checkbox"/> | PAN Number:         | AANCS5106P      |
| <input type="checkbox"/> | Service Tax Number: | AANCS5106PSD001 |

7. Below listed forms (registration, medical and Indemnity Bond) to be duly filled up, signed by the participant and either mailed or faxed to Synapses Adventures.

Fax: 0120 – 4257027

Mailing Address: 1021, Sector – 29, Noida, Uttar Pradesh – 201301

8. We suggest you get a travel insurance done to cover expenses that may arise due to any emergency. While we do not offer travel insurance ourselves, we however do recommend the below listed cover as a suitable one for your travel -

For Domestic Travel:

[http://www.tataaiginsurance.in/taig/taig/tata\\_aig/personal/travel/domestic\\_travel\\_guard.html](http://www.tataaiginsurance.in/taig/taig/tata_aig/personal/travel/domestic_travel_guard.html)

For International Travel:

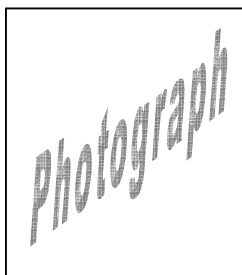
[http://www.tataaiginsurance.in/taig/taig/tata\\_aig/personal/travel/travel\\_guard\\_overseas\\_travel.html](http://www.tataaiginsurance.in/taig/taig/tata_aig/personal/travel/travel_guard_overseas_travel.html)

**Synapses Adventures Pvt. Ltd.**

1021, Sector – 29, Noida, Uttar Pradesh, 201301

Website: <http://www.synapses.in>, Email: [connect@synapses.in](mailto:connect@synapses.in)

Telephones: +91 9910043205 / + 91 9910053205, Fax: +91 120 4257027



Passport Size

1. Name: \_\_\_\_\_  
Last Name Middle Name First Name
2. Spouse / Parent's Name: \_\_\_\_\_
3. Organization (if applicable): \_\_\_\_\_
4. Current Address (R)  
\_\_\_\_\_  
\_\_\_\_\_
5. Tour Date (from) \_\_\_\_\_ (to) \_\_\_\_\_
6. Email \_\_\_\_\_
7. Tel (R) \_\_\_\_\_
8. Mobile \_\_\_\_\_
9. Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Age: \_\_\_\_\_ years
10. Nationality \_\_\_\_\_
11. Gender: (M) Male \_\_\_\_\_ (F) Female \_\_\_\_\_ (Please Check One)
12. Person to Notify In Case Of Emergency:
  - 12.1 Name: \_\_\_\_\_
  - 12.2 Related to Participant as: \_\_\_\_\_
  - 12.3 Phone (Mobile): \_\_\_\_\_
  - 12.4 Phone (Landline-Residence): \_\_\_\_\_
  - 12.5 Phone (Landline-Office): \_\_\_\_\_
  - 12.6 E-mail Address: \_\_\_\_\_
  - 12.7 Mailing Address: \_\_\_\_\_

**Synapses Adventures Pvt. Ltd.**

1021, Sector – 29, Noida, Uttar Pradesh, 201301

Website: <http://www.synapses.in>, Email: [connect@synapses.in](mailto:connect@synapses.in)

Telephones: +91 9910043205 / + 91 9910053205, Fax: +91 120 4257027

Medical Form

1. Name: \_\_\_\_\_
2. Age: \_\_\_\_\_ years
3. Height: \_\_\_\_\_ cms
4. Weight: \_\_\_\_\_ kgs
5. Any significant past medical history?
  
6. Physical Test
  - 6.1) Chest Expansion in cm (range of expansion should be more than 5 cm) \_\_\_\_\_
  - 6.2) Respiratory Rate Per Minute \_\_\_\_\_
  - 6.3) Blood Pressure (mm of Hg) \_\_\_\_\_
  - 6.4) Vision / Eyesight \_\_\_\_\_
  - 6.5) Any history of blindness? \_\_\_\_\_
  - 6.6) Systematic Examination (specially CVS and respiratory) \_\_\_\_\_
7. Any other significant observation?

I certify that I have examined Mr. / Ms. \_\_\_\_\_

I certify that the above mentioned individual is medically **FIT / UNFIT** to participate in adventure tours.

I also certify that the above mentioned individual has been immunized against tetanus.

Place :

Date :

Signature of Medical Officer

Registration No. & Designation



**Indemnity Bond**

**Legal document of acknowledgement of risk and release of liability.** Please do mention appropriate STD codes for all telephone numbers. This form is legal obligation and must be filled in totality as far as mandatory fields are concerned. Incomplete forms will be null and void. Important - please fill all fields in CAPITAL LETTERS only.

**FIELDS MARKED WITH A \* ARE MANDATORY**

I am aware that travel, whether in civilized or remote areas and whether by automated means of transport, raft, on foot, another conveyance, skis, horseback or the like contains some inherent risks of illness, injury, or death. The same may be a result of negligence of others, myself, forces of nature or other agencies known or unknown. I recognize that such risks may be present at any time before, during and after the trip that I am participating in under the arrangements of **M/S Synapses Adventures Pvt Ltd**, its agents or associates. Medical services may not be readily available or accessible during sometime while participating in the trip.

**Release:** In consideration of payment for the right to participate in the trip organized by **M/S Synapses Adventures Pvt Ltd**, its agents or associates. I have and do hereby fully assume all risk of illness, injury or death. Furthermore I hereby release and discharge **M/S Synapses Adventures Pvt Ltd**, its agents or associates from all actions, claims or demands from damages resulting out of my participation in the trip. I agree that the foregoing obligation shall be binding upon me personally as well as upon my heirs, executors, administrators and all members of my family (including any minor accompanying me).

**AUTHORIZATION AND AGREEMENT:** I hereby authorize any medical treatment deemed necessary in the event of any emergency, injury or mishap. I agree to bear all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become your property and may be used for promotional purposes.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** I recognize that as the provider of services **M/S Synapses Adventures Pvt Ltd** and its agents or associates will operate under a covenant of good faith and fair dealing, but that may find it necessary to terminate an activity due to forces of nature, medical necessities or other reasons. I accept their right to take such actions for the safety of all participants including me. I have carefully read this agreement and fully understand its content. I am aware that this is a acknowledgement of risk and release of liability contract between **M/S Synapses Adventures Pvt Ltd**, its agents or associates and me. I hereby sign this agreement on my own free will.

**Although precautions are taken to provide a safe and enjoyable experience, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any adventure, sport, or activity associated with the outdoors or wilderness**

**My Name:**

**(Mr./Ms.) (First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

I hereby advice **M/S Synapses Adventures Pvt Ltd** to inform (as listed in the registration form)

**(Mr./Ms.)** \_\_\_\_\_

At (Tel no with STD codes) \_\_\_\_\_ in case of any eventuality.



**Declaration**

I have read and understood the indemnity bond and I accept and agree with the above. I understand that I will not be accepted as participant for the event until the Registration Form, Medical Form and Indemnity Bond have been duly submitted by me and received and approved. I give permission to M/S Synapses Adventures Pvt Ltd, its agents or associates to use my pictures in promotional materials and press releases.

**SIGNATURE OF PARTICIPANT:**

**DATE:**

**\* PLEASE MAIL COMPLETED APPLICATION AND RECENT PHOTOGRAPH OF YOUR SELF TO:**

Synapses Adventures Pvt. Ltd.  
1021,  
Sector – 29,  
Noida,  
Uttar Pradesh - 201301