

MindVISA Registration Form

Please complete the form in capital letters and send it to info@mindvisa.com

A. PARTICIPANT'S DETAILS

Name of the Participant: _____

Gender: Male Female Date of Birth: _____

University: _____

Address: _____

Telephone: _____ Email: _____

Have you been abroad before? Yes No

Which countries have you visited? _____

Parents' names and mobile numbers:

Primary contact in case of emergency: _____

Relationship with the participant: _____

Phone: _____ Mobile: _____

E-mail: _____

Address: _____

B. MEDICAL DETAILS

Please answer the following questions completely and thoroughly.

Blood Group: _____ Motion Sickness: Yes No

1. Do you have any chronic diseases such as asthma? If yes, please provide details including medications.

2. Are you allergic to any food, substances or medication? Please specify, what remedies you adopt in case of allergy? _____

3. Do you ever have an epileptic fit? If yes, please provide details including medications.

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4. Did you have any injury, illness, infectious disease or surgery within the past year? Please specify. _____

5. Please let us know if you have any other health or medical needs? _____

C. CONSENT

1. I acknowledge that I have fully read the program details and that I am voluntarily attending the program.
2. I certify that I am in good, normal health, have no abnormal tendencies, can take reasonable directions and would make a desirable companion for other program participants.
3. I understand that narcotics, and controlled substances are not permitted at the programs. I understand that MindVISA Travel Education (India) Pvt. Ltd. reserves the right to dismiss, without refund, and send me back home at my cost, if I am found to possess or use such substances during the program.
4. I fully understand the inherent risks associated with my travel by train, buses, cars, ferries, and flights to, from and between program destinations. I also understand risks associated with program-related activities. I have sought, understood, and I am fully satisfied with, the safety practices and norms followed by MindVISA Travel Education (India) Pvt. Ltd.
5. If a medical emergency should arise while I am on this trip, I consent and give permission to the MindVISA Travel Education (India) Pvt. Ltd. representative to select a physician and/or hospital for care. I also give the physician and/or hospital, as selected by the aforementioned representative, my permission to treat, hospitalize, give x-rays, test, order injections, administer anaesthesia, or provide surgery for me.
6. In case of any untoward incident, I do release MindVISA Travel Education (India) Pvt. Ltd., its employees, agents, affiliates, contractors, and directors, from any damages, or liabilities, arising from my participation in the program and the related activities.
7. In case of a disaster, war or similar force majeure situations in the program travel destinations, MindVISA Travel Education (India) Pvt. Ltd. reserves the right to cancel the program, and refund reasonable, unspent amounts of the program fee.
8. I understand and agree that I will receive a refund of 50% if I cancel my registration before 21 days of the program start date; a refund of 25% if I cancel my registration before 15 days of the program start date; and no refund if I cancel my registration thereafter.
9. I hereby permit MindVISA Travel Education (India) Pvt. Ltd. to use images, quotes, and/ or video footages, involving me, recorded during the program, for use in the company's promotional materials.

I have carefully read and understood this form, and voluntarily sign below.

NAME OF THE PARTICIPANT: _____

DATE: _____ SIGNATURE: _____