

# **PENSIONERS & RETIRED PERSONS ASSOCIATION (REGD.), JANAKPURI**

**EXCURSION TRIP TO \_\_\_\_\_**

Membership No. : \_\_\_\_\_

Name of the Participant : \_\_\_\_\_ Age : \_\_\_\_\_ years

Name of Spouse, if  
accompanying (CAPITAL LETTERS) : \_\_\_\_\_ Age : \_\_\_\_\_ years

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. : \_\_\_\_\_ Mobile : \_\_\_\_\_

I/We \_\_\_\_\_

am / are participating in the Excursion Trip to \_\_\_\_\_,

being co-ordinated by P&RPA, at our own request and wholly at our own risk and expense, through

\_\_\_\_\_ as per their Terms & Conditions.

**I/WE AM/ARE FULLY AWARE THAT THE P&RPA IS ONLY A COORDINATING AGENCY BETWEEN THE PARTICIPATING MEMBERS & THE TOUR OPERATORS AND THEY (TOUR OPERATORS) SHALL BE FULLY ANSWERABLE / RESPONSIBLE DIRECTLY TO THE PARTICIPANTS FOR DEFICIENCIES OR DEVIATIONS, IF ANY, IN SCHEDULED PROGRAMME INDICATED BY THEM. THE TRIP IS BEING ORGANISED AT OUR REQUEST & ENTIRELY AT OUR RISK, RESPONSIBILITY & EXPENSES. P&RPA SHALL NOT BE LIABLE FOR ANY PERSONAL DISCOMFORT, INJURY, SICKNESS, ACCIDENT OR CONSEQUENTIAL LOSS &/OR DAMAGES HOWEVER CAUSED.**

*It shall be the responsibility of tour participants themselves to ensure that they are medically fit in all respect to undertake the tour. The tour cost does not include the insurance premium and the members shall have to acquire the same at their own cost if interested.*

*I/We have noted that the cancellation will be done only if a substitute is available on the waiting list. otherwise, the participant will have to find a replacement (member) and also subject to availability of Train/Air Ticket on that date; failing which, the participant will have to pay the cancellation charges to be settled directly between the participant and the Tour Operator.*

*I/We undertake that the P&RPA being only a facilitator shall, in no circumstances, whatsoever, is liable to the tour participants or their relatives for any death, personal injury, sickness, accident, loss, deficiencies, delays, discomfort, increased expenses, consequential loss and/or damage or any kind of theft howsoever caused.*

## **PERSON TO BE CONTACTED IN CASE OF EMERGENCY :**

Name : \_\_\_\_\_ Relation : \_\_\_\_\_

Phone/Mobile No. : \_\_\_\_\_

Date : \_\_\_\_\_

Member's Signature : \_\_\_\_\_