

# Trekking In Nepal 2025 Release of Liability And Assumption of Risk

**Langtang Trek In Nepal**

**Nov 24 – Nov 30 2025**

**Organizer:  
Govinda Lama**

*This agreement is between Govinda Lama (GL) and \_\_\_\_\_you as a Trekking Participant. It fully describes the assumption of risks, release of liability, participant responsibilities, insurance requirements, and all legal terms related to trekking in Nepal.*

## **PLEASE READ THIS AGREEMENT CAREFULLY: THIS IS A LEGALLY ENFORCEABLE WAIVER OF RIGHTS**

### **1. ASSUMPTION OF RISKS**

I, the undersigned Participant, understand and acknowledge that trekking in Nepal, especially in high-altitude and remote regions, involves inherent risks including but not limited to:

- \* Extreme weather, snowstorms, landslides, rockfalls, avalanches, and unstable terrain.
- \* High-altitude illnesses including AMS, HAPE, HACE, and altitude-related complications.
- \* Limited medical facilities and delayed rescue or evacuation.
- \* Slips, falls, injuries, exhaustion, animal encounters, or unsafe road conditions.
- \* Civil unrest, political instability, or acts of terrorism.
- \* Transportation that may not meet standards of my home country.
- \* Negligence by GL or affiliated guides, staff, or volunteers.

These risks are part of the adventure experience and I voluntarily accept them.

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**I HEREBY ACCEPT ANY AND ALL RISKS OF ILLNESS, INJURY,  
EMOTIONAL TRAUMA OR DEATH AND VERIFY THIS STATEMENT BY  
PLACING MY INITIALS HERE \_\_\_\_\_.**

## **2. RELEASE OF LIABILITY**

I, my heirs, legal representatives, and family members agree:

1. Not to sue or make claims against GL or any affiliated guides, employees, or volunteers for any injury, death, emotional trauma, or loss of property.
2. To release and discharge GL from all liability, including liability arising from negligence.
3. That if any portion of this agreement is invalid, the remainder remains enforceable.
4. That GL's liability shall not exceed the land cost of the trek.
5. To waive all charge-back rights; refunds follow the official cancellation policy.
6. That this agreement is governed by the laws of Kathmandu, Nepal.
7. That all disputes shall be settled exclusively in Kathmandu courts.

## **3. PARTICIPANT RESPONSIBILITIES**

I agree to:

- \* Follow all instructions from guides for safety and group management.
- \* Use appropriate trekking gear and clothing.
- \* Respect local culture, environment, and community norms.
- \* Not behave in a way that endangers myself or others.
- \* Accept removal from the trek without refund if my behavior jeopardizes safety.

## **4. MEDICAL FITNESS & DISCLOSURE**

I certify that:

- \* I am physically and mentally fit to participate in high-altitude trekking.
- \* I have disclosed all medical conditions, allergies, medications, or limitations.
- \* I understand that failure to disclose medical information may result in serious harm.
- \* I am responsible for bringing personal medications.

## **5. EMERGENCY EVACUATION CONSENT**

I authorize GL or guides to arrange emergency evacuation (including helicopter rescue) if necessary.

I understand:

- \* Evacuation in Nepal can be extremely expensive.
- \* I am financially responsible unless covered by insurance.

## **6. EQUIPMENT RESPONSIBILITY**

I am responsible for:

- \* The safety and condition of my personal equipment.
- \* Any rented gear and agree to compensate for damage or loss.

## **7. ITINERARY CHANGES**

I understand that GL may alter the itinerary for safety, weather, political reasons, health conditions, or unforeseen circumstances.

No refunds will be issued for itinerary adjustments.

## **8. FORCE MAJEURE**

GL is not responsible for delays, changes, or cancellations due to events outside his control, including natural disasters, war, pandemics, strikes, or government restrictions.

## **9. TRAVEL INSURANCE REQUIREMENTS**

GL strongly recommends purchasing travel insurance that includes:

- \* Trip cancellation / interruption
- \* Emergency medical coverage
- \* High-altitude trekking coverage
- \* Helicopter evacuation
- \* Lost or delayed baggage

**IF I DECLINE INSURANCE, I ACCEPT ALL RISKS. INITIALS: \_\_\_\_\_**

## **10. KNOWING & VOLUNTARY EXECUTION**

**I have read, understood, and voluntarily signed this agreement. I recognize that it is a legally binding contract.**

**Participant Information**

Full Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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