Booking Form

Please complete and return with your deposit

Name as on your passport

Primary Address

Phone Number and E-mail Address

Occupation

Physical condition

Passport Data: Please attach a photocopy of your passport's main page or send a computer scan or digital photo electronically.

Passport number:
Place of issue:
Dates of issue and expiry:
Date and place of birth:

Room Preference
Single / Sharing with _____ / Willing to share
Twin Beds / One Large Bed if available

Have you been to this part of the world before? To another developing country?

Do you have any medical problems, special needs, significant allergies or health questions?

Is there anything else we should know?

Please provide emergency contact information.

If you will be trekking in Nepal, please attach two passport photos or send a computer scan or digital photo electronically.

Release

Life is not risk free, and I recognize that despite all reasonable care and precautions, traveling may expose me to sickness, injury, or death. Both ground and air travel in Nepal are more hazardous than in developed countries, and treks often go to remote areas. Medical services may be primitive or unavailable at times. I accept these risks voluntarily, and I release Friends in High Places, and their agents, employees, and associates from any actions, claims, or demands for damages resulting from any aspect of my trip, for any reason. This release shall be binding on me and on any others who may act on my behalf.

I acknowledge that I have read and agreed to the terms and conditions at https://fihp.com/termsnepal.

	Principal	Witness
Signed		
Printed Name		
Date		

Insurance
Travel insurance is highly recommended. Medical evacuation can be very costly, and there will be no refunds for trip interruption, delays or expenses due to weather, medical problems or Acts of God.

Insurance for foreigners is not available here; you must arrange for it before leaving home. If you have already obtained travel insurance or are covered by another policy, please provide contact information.

Agency:
Emergency phone number:
Policy number:
Notes:

Medical Proxy
Serious accidents or medical problems while traveling are rare, but the remoteness of the Himalayan area and the time difference between visitors' homes and South Asia can complicate handling them. Please consider giving us temporary medical proxy to act in an emergency to protect your health and safety. (Reverse side)

Visa Requirements
Visa for Nepal is issued on arrival with payment in cash. Apply online for a Nepal tourist visa here: https://online.nepalimmigration.gov.np/tourist-visa.
Visa for India must be obtained before leaving home.
Visa for Bhutan and Travel Permit for Tibet must be arranged by us; the cost will be charged to you.

Friends in High Places
email info@fihp.com
7x24 help-line: +977 - 98510 21203

Medical Proxy

1. I, , residing at
(Principal – PRINT your name)

(Street Address) (City/Town, State /Province/ District)

(Country)

appoint as my Health Care Agent: **Friends in High Places PVT. LTD. of Kathmandu Nepal**

2. My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority is effective only during the time I am participating in a program operated by them and only in the absence of instructions from me or my designated emergency contact. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, if any, you wish to place on your Agent's authority):

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3. Signed:

Date:

(Principal – PRINT your name below)

4. WITNESS STATEMENT: We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.

In our presence, on this day of , 20

Witness #1
(Signature)
Name (print)
Address:

Witness #1
(Signature)
Name (print)
Address: