

EVACUATION LIABILITY FORM



Kilimanjaro Search & Rescue – *Client Liability Statement*

In case I may require evacuation due to medical reasons, I give consent to the guide and/or tour operator to call for evacuation.

Verbal confirmation validates my evacuation, if I am conscious and in case I am unconscious or not in the right state of mind herein give permission to the guide and/or tour operator to make all necessary arrangements for medical evacuation on my behalf.

Tour Company: _____

Tour Guide Full Name: _____

Tour Guide Signature: _____

Date: _____

KINAPA permit number: _____

Climber 1: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

If more than one climber, please fill the below page/pages, thanks.

Climber 2: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 3: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 4: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 5: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 6: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 7: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 8: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

Climber 9: Full Name: _____

Gender: _____

Nationality: _____

Passport number: _____

Signature: _____

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