



explorars

Explorars Program Booking Form



Photo

Student: First Name Middle Name Last Name

Date of Birth: D D M M Y Y Y Y Gender: M F Nationality:

School Name: Grade & Section:

Residential Address:

City: State: PIN Code:

Meal Preference on Flight: Veg Non-Veg Meal Preference on Tour: Veg Non-Veg

Medical Information & Consent

Please outline any special dietary requirements of your child:

Does your child have any allergies to food, medication, insect bites etc? YES NO

If YES, please specify:

Does your child have asthma? YES NO If YES, please specify:

Asthma trigger:

Asthma symptoms:

Treatment required:

Does your child have any other conditions requiring medical treatment, including medication? YES / NO If Yes, please give brief details including what is required if symptoms persist:

When did your son/daughter last have a tetanus injection? Date:

Do you give consent to your child being given an age appropriate dose of paracetamol as needed (e.g. for pain, fever)? YES NO

Family Doctor: Mobile Number:

Declaration: I agree to my child receiving medication as instructed and any emergency treatment as considered necessary by the medical authorities present.

Signature of the Parent/Guardian: Date:

Full Name of the Signatory (Capitals): First Name Middle Name Last Name

Mobile Number: Email id:

Relationship with the Applicant:

Alternative Emergency Contact:

Name: Relationship: Mobile:



I, _____ (name of parent/ guardian if the participant is below 18 years), resident of _____ the parent or legal guardian of _____ ("my ward"), hereby agree and wish to apply for an educational travel program being offered by Planet Explorer Pvt. Ltd.

Planet Explorer Pvt. Ltd, referred as 'Explorars', has registered office at 17, West Patel Nagar, New Delhi 110008. By signing this Explorars Program Booking Form, I undertake that I have carefully read, understood and agreed to the following:

1. I have read and agreed to terms and conditions as detailed on your website www.explorars.com.
2. I understand that Explorars hold the right to reject my application.
3. I understand that Explorars hold the right to make any changes in the program itinerary and transportation arrangements, including airline and train reservations. In the event of such changes, refund, if any will be in accordance with the booking conditions as detailed on your website www.explorars.com.
4. I am aware that while on an Explorars program, my ward is not allowed to visit any friends and relatives.
5. My ward will be with the program group at all times. Explorars will not be in a position to hold responsibility or liability for my ward's absence from the group or the tour at any given time during the program.
6. I understand that any personal expenses (phone calls, beverages, incidental expenses, hotel services etc) that my ward incurs while on a n Explorars program shall be borne entirely by me. In case of any damages caused by my ward to public or private property (airline, hotel, coach, train, ferry or any other such property, I will hold full responsibility and will be liable to pay for the damage claims.
7. My ward shall follow the rules and regulation set by Explorars for its program. My ward will also follow the instructions of the accompanying Group Leader, school teachers and the Explorars Program Director. I understand that my ward's failure to comply with them may result in my ward's expulsion from the program, following which I will not be entitled to any refund and my ward will be sent home at my own expense.
8. My ward shall strictly abide by the laws and regulations of India during the program with Explorars. This includes without reservation, laws and regulation related to alcohol, tobacco and drugs. I understand that drugs, tobacco and alcohol are strictly prohibited on an Explorars program. I understand that by not adhering to such laws and regulations, even unintentionally, my ward will be sent home at my own expense.
9. If my ward falls sick or is injured, the Program Director or, accompanying teacher(s) may take any and all action necessary for my ward's safety and well-being. This includes securing medical treatment at all costs and arranging transportation to my home destination. All the expenses will be borne by me even if the same is not covered by my ward's insurance.
10. I release, indemnify or hold harmless Explorars and its affiliates (which term shall include all companies which directly or indirectly own or control Explorars and/ or are owned or controlled by Explorars, as well as any other company which is in any other company which is in any other way associated with, or affiliated to Explorars, regardless of in which country the company in question is registered, and their respective directors, officers or employees and agents) from any and all claims arising from or in connection with any personal injury, bodily injury, mental anguish, emotional distress, physical property or any other damage whatsoever that my ward has suffered, or may suffer, while on an Explorars program.
11. This declaration made by me is governed entirely by the laws of India. In the event of any dispute arising with regards to my ward's participation in an Explorars program, or any claim, dispute or proceeding, which in contract, tort or otherwise at law or in equity should arise between me and Explorars and/or its affiliates, whether or not related to this declaration. I submit and consent to the exclusive jurisdiction and venue of the courts of Delhi.
12. Explorars has my permission to use or publish any photographs or film in which my ward may appear, or use any comments or quotes made by me/ my ward during the program. Explorars may also use my contact information to inform me of its future programs, programmers, etc.

Please sign this Explorars Booking Program Form only after you have read and fully understood the content of this declaration.

All program details are standard and based on the itinerary agreed with the school. However, itineraries are also subject to last minute changes, depending on availability and feasibility factors at the time of travel, as well as factor that are beyond the control of Explorars (for example, inclement weather conditions, flight delays, political or social distress, strikes, etc.).

I have read and fully understood the Explorars Program Booking Form. I agree that my ward, while on the Explorars Program, will be under the control and custody of the school teachers and its appointed Program Director. I hereby agree to be bound by and to cause my ward to comply with, the Explorars Program Booking rules, regulation and the declaration

Signature of the Parent/Guardian: _____ Date:

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Full Name of the Signatory (Capitals): _____ First Name _____ Middle Name _____ Last Name _____

Mobile Number: _____ Email id: _____

Relationship with the Applicant: _____