



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:

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Tour Guide Full Name:

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Tour Guide Signature:

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Date:

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KINAPA permit number:

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Climber Full Name:

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Nationality:

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Passport number:

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Gender:

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Signature:

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Nationality:

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Passport number:

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Climber Full Name:

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Signature:

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Gender:

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Climber Full Name:

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Nationality:

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Passport number:

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Gender:

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Signature:

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Climber Full Name:
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Gender:	Climber Full Name:

Nationality:	Gender:

Passport number:

Signature:	Nationality:

Climber Full Name:	Passport number:

Gender:
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Nationality:
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Passport number:
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Signature:
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Climber Full Name:
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Gender:
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Nationality:
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Passport number:
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Signature:
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Climber Full Name:
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Gender:
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Nationality:
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Passport number:
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Signature:
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Signature:

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