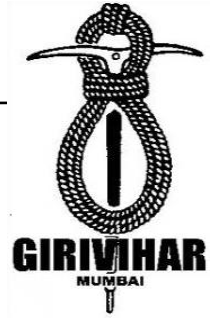


GIRIVIHAR

ADDRESS : C/O Shree Dilip Lagu,
206/207, Shilpin Centre, 2nd floor, G.D.Ambekar Marg, Wadala, Mumbai - 400 031
Tel. 24150211 / 2415022 | www.girivihar.org | girivihar.mumbai@gmail.com
Registered Under: Bombay Public Trust Act. F/1361 (Bom.) dated 1966-03-31
Societies Registration Act. Bom. 11/1966 GBBSD dated 1966-01-21
Wednesday Walk-in: 1930 onwards at Café Colony, Hindu Colony, East End of Tilak Bridge, Dadar (E).



Indemnity cum declaration form

Name of Participant	
Residential Address	

Fitness Declaration (to be signed by parent / guardian in case of minor participants)

I understand the nature of the Outdoor / Adventure program I am / my ward is going to attend and I declare that I do not / my ward does not have any medical prohibition to participate in this activity. In case of any illness / ailment / injury, which may restrict me / my ward from taking part in some of the activities, I shall inform the same to organizers before the activity and keep away from such activity.

Signature Participant / Parent / Guardian:

Date:

Name of Participant / Parent / Guardian:

Place:

Indemnity / Waiver (to be signed by parent / guardian in case of minor participants)

(1) I declare that, I am / my ward is participating voluntarily in the outdoor intervention / adventure activity / trek planned by GIRIVIHAR, knowing all the probable risks and dangers involved in such kind of activities. I understand that the program will be conducted with ample safety precautions and I will not hold the Organization or the Organizers / office bearers / staff responsible for any accident / mishap, which may occur during the program / activity / trek. (2) I also understand that in case of any medical emergencies, family consent may be required for the medical treatment. I therefore authorize the organizers of the program to consent to any medical treatment, which a medical practitioner deems necessary. (3) I understand that Insurance cover is advisable in such activities and I shall obtain the same before activity. In case I am not able to obtain the insurance cover, I will not hold organizers responsible for the same. (4) I also understand that this indemnity / waiver is valid for all the programs / activities / treks organized by GIRIVIHAR that I / my ward might participate into.

Signature Participant / Parent / Guardian :

Date:

Name of Participant / Parent / Guardian:

Place: