

INDEMNITY AND RISK ACKNOWLEDGEMENT FORM

Atal Bihari Vajpayee Institute of Mountaineering and Allied Sports (ABVIMAS)

For Adults (Age: 18/18+ years)

I, _____ hereby acknowledge that I have voluntarily applied to participate in the adventure sports activities offered by Atal Bihari Vajpayee Institute of Mountaineering and Allied Sports.

For Children (Age: below 18years)

I, (Parent/Guardian Name)_____ Parent/ Guardian of
(Candidate's Name)_____ aged _____ years old,
hereby acknowledge that I have voluntarily applied for participation of my ward in the adventure sports activities offered by Atal Bihari Vajpayee Institute of Mountaineering and Allied Sports.

I understand that these activities involve inherent risks and natural/ occupational hazards.

I acknowledge that these risks include the possibility of serious bodily injury or death.

I understand that the organization has made me aware of these risks / hazards and has recommended that I consult with a Physician prior to participation of self/ ward in these activities.

I understand that I am fully responsible to ensure medical and physical fitness of self/ward for such activities.

I have read, understood and voluntarily agreed to be bound by the following conditions:

- I voluntarily assume all risks associated with the participation of self/ward in the adventure sports activities offered by the organization including the risk of serious injury or death.
- I agree to release the organization from indemnification and not to hold responsible the organization, its employees, volunteers and agents for any physical damage/injury/death incurred due to participation of self/ward in the adventure activities offered by this organization.
- I certify that I have read and understood this Indemnity and Risk Acknowledgement Form and am willingly allowing participation of self/ward in the respective adventure course/activity.

Signature

Name: _____

Date: _____