

FORMAT OF RISK WAVER CERTIFICATE

I shri -----s/o sh. -----
R/o-----

I am doing paragliding course P1 –P2 course under ABVIMAS on my own risk, am not suffering from any physical disability, Medical ailment especially high blood pressure hearts condition or epilepsy. I further declare that I am fully aware of risks in volved in any adventure sports especially paragliding course. I will not hold any part ,person, institution responsible directly/indirectly for any mishap/accident which may happen during the conduct of the course

I further declare that I or any of my family members will not take any legal recourse in the event of any mishap / accident resulting in any type of injury / death on any of the involved party in the conduct of the course .

Date

Signature of applicant

Witness1

Name & address.....
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Witness2

Name & address.....
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