



## **INDEMNITY FORM**

### **Declaration to be signed by all Participants**

**And**

### **Parents / Guardians of Participants who are below 18 in age**

I request that my application for participation in the KAILASH MANSAROVAR YATRA from 20 August to 31 August 2018 (the "activities") be accepted, and in so doing, I agree that I will not hold anyone including but not limited to any Chinmaya Mission Centre, or Trust; it's Acharyas, Office-bearers, Committee members, Volunteers or any of its full time or part time staff, responsible or liable in any way for, and that no right of action shall arise from, any death, loss or damage (including, without limitation, personal injury to myself / a family member or property damage) caused by or sustained as a result of participation in the activities, whether through neglect on the part of the volunteers or any one or organization involved directly or indirectly in organizing the Yatra.

I declare that I do not have any prevailing medical ailment (s) associated with epilepsy, cardiovascular or respiratory systems (related to the heart or lung). To support my application for Kailash Yatra 2018, I have obtained a legitimate medical certificate from a practicing doctor.

At any stage during the course of the Yatra, if I am rendered medically un-fit owing to sickness or ailment of any sort; then at the sole discretion of the organizers / co-ordinators and upon advice of Swamiji, I will be agreeable to returning back and not continue the Yatra from that point forwards.

Participant's Signature .....

Participant's Full Name .....

Passport / ID No: .....

Date .....

### **If participant is less than 18 years, please complete the below as well**

Signature of Parent/Guardian .....

Name of Parent/Guardian .....

Passport / ID No: .....

Date .....