

INDEMNITY FORM

Char Dham Yatra with Swami Abhedanandaji

13th October to 22nd October 2019

Note: This statement is to be signed by all Participants and Parents / Guardians of Participants who are below 18 in age.

I request that my registration for the above camp (the “activities”) be accepted, and in doing so, 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, coordinators, volunteers or any of the 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 Camp.

At any stage during the course of the Camp, if I am rendered medically un-fit owing to sickness or ailment of any sort; then at the sole discretion of the organizers / coordinators and upon advise of Pujya Swamiji, I will be agreeable to returning back at my expense and not continue the Camp 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 _____