

Affiliated to -  
**FISAF International**  
 Federation of International  
 Sports Aerobics & Fitness



**devashish**  
 foundation

## 1<sup>st</sup> INVITATIONAL NATIONAL SPORTS AEROBICS & FITNESS CHAMPIONSHIP 2018

### TEAM LIST

School/Club/State: \_\_\_\_\_

Representative / Coach \_\_\_\_\_

Contact \_\_\_\_\_

Sr. No.	Student Name	Date of Birth	Age Category
1			
2			
3			
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14			
15			

Signature

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Contact \_\_\_\_\_

Sr. No.	Student Name	Date of Birth	Age Category
16			
17			
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Signature

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Sr. No.	Student Name	Date of Birth	Age Category
31			
32			
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Signature

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Contact \_\_\_\_\_

Sr. No.	Student Name	Date of Birth	Age Category
46			
47			
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Signature \_\_\_\_\_

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Contact \_\_\_\_\_

Sr. No.	Student Name	Date of Birth	Age Category
61			
62			
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75			

Signature

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Contact \_\_\_\_\_

Sr. No.	Student Name	Date of Birth	Age Category
76			
77			
78			
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90			

Signature

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Contact \_\_\_\_\_

Sr. No.	Student Name	Date of Birth	Age Category
91			
92			
93			
94			
95			
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97			
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99			
100			

Signature

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Date - / / 2018.

Participant's Name \_\_\_\_\_

Contact - \_\_\_\_\_ D.O.B - \_\_\_\_\_

Name of Coach/ Representative - \_\_\_\_\_

Name of School/Club/State - \_\_\_\_\_

Blood Group - \_\_\_\_\_ Aadhaar Card Number - \_\_\_\_\_

Any Medical Condition - \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

I AS A PARENT/GUARDIAN HEREBY ASSUME ALL OF THE RISKS PARTICIPATING IN THIS COMPETITION, including by way of example and not limitation, any risks that may arise from negligence or Carelessness on the part of the person or entities being released, from dangerous or Defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that my child is physically fit for participation in this competition and have not been advised to not participate by a qualified medical professional. I as a parent certify that there are no health-related reasons or problems, which preclude my participation in this competition.

I acknowledge that the Devashish Foundation - FISAF INDIA owners, holders, sponsors and or organizers of the competition in which I may participate will use this accident waiver and release or liability form and that it will govern my actions and responsibilities at said competition.

In consideration of my application and permitting my child to participate in this competition, I hereby take action for myself my executors, administrators, heirs, next of kin, successors and assigns as follow;

(A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my child including travelling to and from this competition, THE FOLLOWING ENTITIES OR PERSONS: Devashish Foundation - FISAF INDIA and/or their directors, officers, employees, volunteers, representatives and agents and the competition holders, sponsors and volunteers



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(B) INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or person mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this competition, whether caused by the negligence of release or otherwise. I acknowledge that Devashish Foundation - FISAF INDIA and their directors, officers, volunteers, representatives and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific competition on their behalf. I as a parent/guardian acknowledge that this competition may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration and actions of other people including, but not limited to, participants, volunteers, monitors and/or producers of the competition. These risks are not only inherent to participants, but are also present for volunteers.

I as a parent/guardian hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this competition.

I as apparent/guardian understand while participating in this competition, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the competition holders, producers, sponsors, organizers and assigns.

The Accident waiver and release or liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I .....CERTIFY THAT  
 HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE  
 THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE  
 WILL AS A PARENT.

(Photo of  
 participant)

Signature of Parent/Guardian

Date - \_\_\_\_\_

Place - \_\_\_\_\_