

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



devashish
 foundation

3rd INTERNATIONAL SPORTS AEROBICS & FITNESS TRAINING CAMP 2018

Date - / / 2018.

Participant's Name _____

(Photo of
 athlete)

D.O.B - _____ Age- _____ Gender- _____

Height - _____ Weight - _____ Blood Group - _____

Address _____

Aadhaar Card Number - _____

What's App Number (Parent) - _____

Name of Coach/ Representative - _____

Name of School/Club/State - _____

Past medical history _____

WAIVER AND RELEASE OF LIABILITY (For minors).

I AS A PARENT/GUARDIAN HEREBY ASSUME ALL OF THE RISKS PARTICIPATING IN 3rd International Sports Aerobics & Fitness Training Camp 2018, 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 training camp and have not been advised to not participate by a qualified medical professional. I as a parent/guardian certify that there are no health-related reasons or problems, which preclude my participation in this activity.

I acknowledge that the DEVASHISH FOUNDATION - FISAF INDIA directors, owners, holders, sponsors and or organizers of training camp in which my child may participate will use this accident waiver and release or liability form and that it will govern my actions and responsibilities at said activity.

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In consideration of my application and permitting my child to participate in this training camp, 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 death, disability, personal injury, property damage, property theft, or actions of my child for any kind which may hereafter occur to me including travelling to and from this training camp, THE FOLLOWING ENTITIES OR PERSONS: DEVASHISH FOUNDATION - FISAF INDIA and/or their directors, officers, employees, volunteers, representatives and agents and the activity holders, sponsors and volunteers

(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 of my child in this training camp, 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 activity on their behalf. I as a parent/guardian acknowledge that this activity 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 activity. 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 activity. I as a parent/guardian understand that while participating in this activity, my child may be photographed. I agree to allow my child photo, video or film likeness to be used for any legitimate purpose by the activity 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.

ICERTIFY 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

Signature of Parent/Guardian