

Registration & Declaration Form										Ref #														
Camp					Dates:-																			
Name					Gender																			
					F					M														
DOB: / /					Aadhar																			
cell no.										email-					T-shirt Size:									
Guardians name																								
Guardians email & No										Cell #														
Name of Institute :-															Class / Sec :-									
Emergency Contacts					Name -					Number														
					Name -					Number														
MEDICAL DECLARATION																								
<p>Do you have issues regarding :- Blood Pressure/Breathing/Asthma/ Bronchitis/Knee s/ Arthritis/Back Pain/Urinary Issues/Psychiatric Issues/Allergies? If 'yes' to any above, give details and medications at present. (use back of the page if needed)</p> <p>-----</p> <p>-----</p>																								
Consent & Indemnity Release Declaration																								
<p>I on my own, without any pressure , wish to partake in this program conducted by Out Beyond. I here by declare that</p> <p>A)the information given above is true.</p> <p>B) I'm aware of the possible very severe risks of activities of this camp.</p> <p>C) I shall abide by the code of conduct of the program and adhere to instructions given by the organizers.</p> <p>D) I will be responsible for my safety and will not hold the Out Beyond or its associates responsible for it.</p> <p>E) I will indemnify the releases if any such claims that are brought against them.</p> <p>F) I am medically fit for this event.</p> <p>G) I allow Out Beyond to use my photographs, interviews, feedback for their publicity or other wise.</p>																								
Place :-										Participants Signature														
Date :-										Name														
										Cell No:														
<p>In case the Participant is a minor, this document has to be signed by his/her Parent / Guardian. By signing this, the Parent/Guardian fully agrees with the terms, especially the Consent & Indemnity Release Declaration.</p> <p>This form is mandatory for participation. Please attach a clear photo ID copy. Thank you.</p>																								
										Parent /Guardian's Signature														
										Name														
										Cell No:														

**PLEASE TURN OVER
FOR THE INDEMNITY RELEASE FORM**

OutBeyond ABLE Camp ~ LIABILITY RELEASE and IDEMINITY DECLARATION

I, _____ (parent/guardian), for myself, any other parent and the participant, in connection with my son/daughter/ ward _____ ("the participant"), participating in OutBeyond ABLE Camp from to organized by OutBeyond, hereby agree as follows:

The Undersigned understands that there are certain dangers, hazards and risks (foreseen and unforeseen) inherent in attending and participating in the OutBeyond ABLE camp, including, without limitation, risks related to use of equipment and facilities, personal safety (including risks of minor, serious or mortal personal injury) and risks of property damage.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY

In recognition of the dangers, hazards and risks (foreseen and unforeseen) associated with attending and participating in the OutBeyond ABLE Camp, the undersigned confirms that the participant is physically and mentally capable of attendance and participation in all activities and use of all equipment associated with the OutBeyond ABLE camp. The participant is willingly and voluntarily attending and participating, and the Undersigned agrees that they and the participant shall assume all dangers, hazards and risks (foreseen and unforeseen) inherent in, arising from or related to the participant's attendance and participation in the OutBeyond ABLE camp due to unavoidable circumstances (like rain or any natural calamity). OutBeyond or any other person associated with the same shall not be responsible for any claim or compensation

PARTICIPANT RESPONSIBILITIES

The Undersigned and the participant agree to the following:

Acceptable Conduct by Participant. During attendance and participation in the OutBeyond ABLE camp, which may include travel to and from the campsite, the participant will act in a responsible manner and will abide by the instructions of any OutBeyond personnel, and will comply and follow the rules and regulations of OutBeyond. In anticipation of the participant's enrollment in the OutBeyond ABLE camp, the Undersigned and participant have consulted with a medical doctor with regard to the participant's medical condition. The participant has no physical or mental conditions which would cause him/her to be a danger to himself/herself or to others, is capable of participating in all activities associated with the OutBeyond ABLE camp.

WAIVER OF LIABILITY/RELEASE AND HOLD HARMLESS

In consideration of the attendance and participation in the OutBeyond ABLE camp, and knowingly the dangers, hazards and risks (foreseen and unforeseen) of attending and participating in the OutBeyond ABLE camp, the Undersigned, for themselves, any other parent and the participant, understand(s) and agree(s) to RELEASE AND HOLD HARMLESS OutBeyond and its current and former trustees, officers, directors, employees, attorneys, representatives and agents and waive any claim for injury and damage resulting from the participant's attendance and participation in the OutBeyond ABLE camp.

Camp Discipline Policy

> I agree that if my child's behaviour continues to be disruptive and/or unsafe, the child will be subject to dismissal from the remainder of camp without any refund and the parent and guardian will be asked to take away their child from the OutBeyond ABLE camp. In this regards the decision of the OutBeyond personnel will be final.

ACKNOWLEDGEMENT

It is the express intent of the Undersigned that this Agreement shall bind the undersigned, any other parent, the participant, the participant's family, estate, heirs, administrators, personal representatives or assigns. The Undersigned acknowledges that they have read and understand this document and the RELEASE AND HOLD HARMLESS provisions. The Undersigned agrees that this Agreement shall be construed in accordance with the laws of India, without giving effect to the conflict of laws provisions thereof, and that the Jurisdiction of Nagpur, India shall be the forum for any lawsuits filed under or incident to this Agreement. The terms and provisions of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby, and each and every term and condition of this Agreement shall be valid and enforced to the fullest extent and in the broadest application permitted by law. I am the Parent / Guardian of the above named participant and he/she has my permission to participate in the camp program mentioned above.

Medical Emergency

If contact with me is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expenses arising from injury or illness is the responsibility of the person signing below.

I will not hold OutBeyond the Organizers /School/ their Staff/ subordinates/ agents/associates, responsible in any way, in case of any eventuality, illness, accident, weather, political, acts of God and other factors beyond their control.

Cancellation policy: I have read, understood and I also agree to the Disqualification/Cancellation policy and terms & conditions as laid down by OutBeyond the organizers.

Use of photographs: I also allow the Organizers to use photographs, videos, interviews of my child/ward/myself to be used by the Organizers for its publicity or otherwise.

I hereby agree to all the conditions by signing

.....
Signature of Participant

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Signature of Parent/Guardian