

### Indemnity Form

#### Allergies, Food Reactions or Dietary Requirements

Do you suffer from any allergies, food reactions or any dietary Requirements?  Yes  No

If yes, please provide details:

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#### Indemnity

All participants must read and sign the following indemnity agreement.

1. I acknowledge that I participate in the AMF – Training Camp for Disabled - 2016 ('the Event") voluntarily and at my own risk. I understand that participation in the Event or any activity associated with it, including all training activities.
2. I further acknowledge that participating in the Event may result in a real risk of serious injury or even death from various causes including but not limited to over exertion, dehydration and accidents with other participants.
3. In my judgment I have sufficient fitness, competence and experience to participate safely. To the best of my knowledge I am not suffering from a condition that would prevent and/or render me unfit to participate in the Event. I will immediately notify the Event organizer in writing of any change to my fitness and ability to participate. I understand and accept that the Event organizer will continue to rely upon this declaration as evidence of my fitness and ability to participate.
4. I agree to comply with all the rules and directions of Event officials and their servants and/or agents. In particular I undertake to comply with any direction by an Event official to withdraw from the Event, or from any part of the Event because I am unlikely to be able to complete the Event or part of it.
5. I grant the Event organizers, its sponsors and its charity partners involved in the Event a royalty free right for use in perpetuity, to use and allow the use of my name, image and likeness in broadcasts, webcast, media press materials, promotional materials and otherwise in connection with the Event.
6. I am responsible for all property I bring with me on the Event and understand that the Event organizer does not accept responsibility for any loss or damage to this property.
7. I accept responsibility for travel and medical insurance and for payment and/or reimbursement of medical/surgical expenses incurred by me. I consent to receive such medical treatment that may be deemed advisable in the event of my injury, accident and/or illness during the Event.
8. In consideration of and as a condition of acceptance of my participation into this Event I hereby agree to release the Event Organizer (Aditya Mehta Foundation, the Event organizing committee, the Event training coach, Event sponsors and each of their agents, affiliates, employees, members, volunteers and any person or body directly or indirectly associated with the Event and waive any right or entitlement I have or, but for my execution of this document, have, or which may accrue, in respect of all and any claims, demands or proceedings arising out of or in connection with my participation in the Event including (without limitation) where such claims, demands or proceedings are caused by their negligence, but excepting willful negligence, and I indemnify them and will keep them indemnified against all liability for all injury, loss or damage arising out of



or in connection with my participation in the Event. This release and indemnity continues forever and binds my heirs, successors, executors, administrators, personal representatives and assigns.

9. I have read, understood and agree with these terms and conditions.

Name: \_\_\_\_\_

Signature: [signed]\_\_\_\_\_

Date: \_\_\_\_\_