

GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING

Guardian Giripremi Institute of Mountaineering
102, Chintamani Pride, Near City Pride Multiplex, Kothrud, Pune – 411 038 MH IN
Phone: +91 020 66413700



ENROLLMENT FORM

Name of the participant			
Residential Address			
School / organization name			
Contact Number (Parent's no in case of minor)		E mail	
Date of Birth		Gender	

Fitness Declaration (to be signed by parent / guardian in case of minor participants)

I understand the nature of the Outdoor / Adventure program I am / my ward is going to attend and I declare that I don't / my ward doesn't have any medical prohibition to participate in this activity. In case of any illness / ailment / injury which may restrict me / my ward from taking part in some of the activities, I shall inform the same to organizers before the activity and keep away from such activity.

Signature Participant / Parent / Guardian :

Name of Participant / Parent / Guardian:

Indemnity / Waiver (to be signed by parent / guardian in case of minor participants)

1) I declare that, I am / my ward is participating voluntarily in the outdoor intervention / adventure activity / trek planned by Guradian Giripremi Institute of Mountaineering, knowing all the probable risks and dangers involved in such kind of activities. I understand that the program will be conducted with ample safety precautions and I will not hold the Organization or the Organizers / office bearers / staff responsible for any accident / mishap, which may occur during the program / activity / trek.

2) I also understand that in case of any medical emergencies, family consent may be required for the medical treatment. I therefore authorize the organizers of the program to consent to any medical treatment, which a medical practitioner deems necessary.

3) I understand that Insurance cover is advisable in such activities and I shall obtain the same before activity. In case I am not able to obtain the insurance cover, I will not hold organizers responsible for the same.

4) I also understand that this indemnity / waiver is valid for all the programs / activities / treks organized by Guardian Giripremi Institute of Mountaineering that I / my ward may participate into.

Signature Participant / Parent / Guardian :

Name of Participant / Parent / Guardian:

Date: