

GUARDIAN GIRIPREMI INSTITUTE OF MOUNTAINEERING

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ENROLLMENT FORM

| | | | |
|--------------------------|--|---------------|--|
| Name of the participant | | | |
| Residential Address | | | |
| | | | |
| School/Organization Name | | | |
| Contact Number | | E mail | |
| Emergency Contact Number | | Date of Birth | |

Fitness Declaration

I understand the nature of the Outdoor / Adventure program my son/ daughter is going to attend, and I declare that my son/ daughter/ward does not have any medical prohibition to participate in this activity. In case of any illness / ailment / injury which may restrict him/her from taking part in some of the activities, I shall inform the organizers before the activity and keep him/her away from such activity.

I declare that my son/daughter/ward who is participating in the said activity and all the family members, have no symptoms/signs of any illness, fever, cough, cold and have not been exposed to any potentially infectious environment for the past 15 days of participation in the said activity.

I shall not hold responsible Guardian Giripremi Institute of Mountaineering, Giripremi Mountaineering Club, team of instructors and all the associate members of the organization, in case there is any illness/injury development to my son/daughter/ward after the program.

Indemnity / Waiver to be signed by parents

1) I declare that I am registering my son/ daughter/ward voluntarily in the outdoor intervention / adventure activity / trek planned by Guardian Giripremi Institute of Mountaineering, knowing all the probable risks and dangers involved in such kinds 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.

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 the 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 will participate in.

5) I acknowledge that I have been informed and am fully aware that photographs and videos of my ward may be captured during the course of activities. I hereby grant my full consent for such media to be used for marketing, promotional, and educational purposes across various platforms, without any limitation regarding geography or duration.

Signature of parent/ guardian:

Name:

Date: