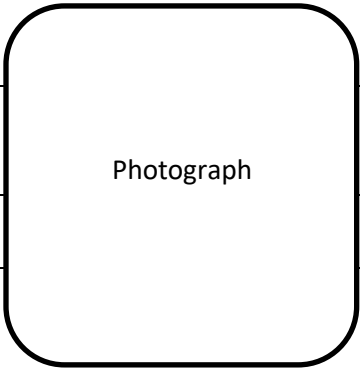


Train the Trainer Course 2022

NAME	 <p>Photograph</p>
GENDER	
FATHER / MOTHER NAME	
DATE OF BIRTH	
RESIDENTIAL ADDRESS	
STATE	
CONTACT NO.	
E MAIL	
ANY EXPERIENCE	

Declaration

- a. I agree to adhere strictly to the discipline of the course and abide by the directions of the organizers or their nominees at all times during the course.
- b. I am participating in the course at my own risk & in case of any accident, illness or injury. I will not hold the organizers responsible in any way.
- c. I declare that I have not been in contact with any infectious disease for the last one month and that I am keeping good health.

Date : _____

Place: _____

Signature of the participant



Paste your
passport size
photo here

INDEMNITY BOND

I am aware of these risks inherent in this "train the trainer" 3 day course involving team building games, personality development and adventure sports/ activities such as, flying fox/ flying fox, Burma Bridge, Rappelling etc. which are organized and conducted by CLIMB UP and their agents.

I hereby state that I am participating in this course with my own free will and consented, understand and agree that CLIMB UP and their agents take all necessary precautions, to minimize the risk and avoid any mishap. Climb up its staff/Agent or the Organizing committee are not going be responsible for any mishaps that may occur while participating in these adventure sports/ activities that might result in any injuries.

I have read the above statement and fully understand its content. I realize and agree that the same serves as an agreement of release and assumption of risk on me.

Signature

Date

Covid-19 declaration

If I am an Asymptomatic carrier (with no discomfort or symptoms present, but the virus still present hidden in my body) or an undiagnosed patient with COVID-19, I understand it may endanger students, teachers and other organizers. It is my responsibility to take appropriate precautions and follow the protocols prescribed by the WHO and govt of INDIA. i am aware that I may get an infection from someone from the camp, Climb Up has taken precautions, which has been explain to me, as per guidelines prescribed by the ministry of health and family welfare, Govt. of India and WHO, I will not at all hold Climb Up its organizers, directors, staff and associates accountable if such infection occur to me. In case I get COVID- 19 infection after the camp I will inform the Climb Up organizers and my college admin at the earliest so that appropriate tracking of the co campers and Climb Up staff present on the day of my visit can be done.

I again confirm that I am fully aware of the risk involved with respect to possibility of contracting COVID-19 infection and have come to participate by my own will.

The above information is true to the rest of my knowledge. I understand that with holding/concealing the above information is unethical and against the interest of the global population fighting COVID-19 pandemic.

If I hide facts and relevant details and because of my behaviour or action any teacher, children and climb up staff get infected I will be held responsible. If any above of the mentioned details are found to be false, strict action may be initiated on me and my family members as per guidelines and regulations lay down by MH&FW, Govt. of India.

Note: - The participant should be minimum 18 years of age

Date: _____

Place: _____

Signature _____

Name: _____

Address: _____

Date _____

Nationality: _____

Passport no. & Expiry date: _____
(In case of foreign nationals only)