

INDEMNITY BOND

I, Mr. / Ms. / Dr. _____ have been nominated to attend an outbound training program titled as _____ (hereinafter referred to as "the program") by _____ (company name).

I am aware that the program is being conducted by M/s Naman Integrated Management Services Pvt. Ltd. (NAMAN) having their office at Naman House, 1 / 2 – B, Haribhakti Colony, Opposite Race Course Post Office, Race Course Circle, Vadodara - 390 007, with the help of their activity experts.

This is to state that I am aware of the risks inherent in such program involving adventure activities / sports that are organized & conducted by NAMAN and / or their agents / associates / activity partner organization(s).

I hereby state that I am participating in these adventure activities / sports of my own free will and consent. I understand and agree that NAMAN and / or their agents / associates / activity partner organization(s) have taken all necessary precautions, to minimize the risk and avoid any accidents and ensure safe participation in these adventure activities / sports and they are not responsible for any mishaps / accidents that may occur while participating in these adventure activities / sports which may result in any injuries, temporary / permanent disabilities, illness or death.

I am also aware that medical services / facilities may or may not be readily available or accessible during some or all the time at the venue of the program I am participating in. I understand that every effort will be made to obtain family consent for any necessary medical treatment, but that in an emergency prompt action may be required. I therefore authorize NAMAN and / or their agents / associates / activity partner organization(s) to give consent for any medical treatment, which a medical practitioner may consider necessary.

I have read the above statement and the terms and fully understand the contents herein above. Having been fully explained about measures for safety taken by NAMAN and / or their agents / associates / activity partner organization(s) and the nature of activities to be performed during the program, I hereby give my consent to participate in the program and fully assume responsibilities associated with such risks as illness, injuries, temporary / permanent disablement or death, and hereby release and discharge NAMAN and / or their agents / associates / activity partner organization(s) from all actions, claims, or demands for damages resulting from my participation in the program.

I hereby indemnify and agree that foregoing obligation shall be binding upon me personally as well as upon my heirs, executors and administrators, all members of my family.

I realize and agree that the same serves as an agreement of release and assumption of risk on myself.

I am also sharing my medical history to enable the team to examine/ medicate in case of any emergency:

1. Recent illnesses: _____
2. Allergies to food/ drugs: _____
3. Personal medications, if any: _____
4. Blood Group: _____
5. Chronic diseases, if any: _____

Date:

Signature of Indemnifier:

Place:

Nationality:

Name:

Age:

Cell No:

E-mail:

Passport No.:

Passport Expiry Date:

(In case of foreign nationals only)

(In case of foreign nationals only)

Address:

Contact details of family doctor to be contacted in case of an emergency;

Name:

Cell No:

Clinic/ Hospital Name:

City / State / Country:

Contact details of person(s) to be contacted in case of an emergency;

Name:

Relationship:

E-mail:

Cell No:

City / State / Country: