

**SWARNIM GUJARAT SPORTS UNIVERSITY
GANDHINAGAR**



Basic Description Form

To be filled by students/applicant/participant in his/her handwriting only.

Course Applied For : _____
Duration of the Course : _____
Department : _____
Date : _____

Passport Size
Photograph
(Please do not Staple)

Name : _____
Date of Birth : _____
Address : _____

Contact No - _____

Next of Kin : Name - _____ Relation - _____
: Contact No - _____

Organization/Institute : _____

Designation : _____

Academic Qualification : _____

I have carefully read the entire form, said rules and conditions and I accept and abide by the same and the information provided by me is true and correct to the best of my knowledge.

Full Name and Signature of Parents/Guardian
(in case of participant is minor)

Full Name and Signature of Participant

ACKNOWLEDGMENT AND ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION:

In consideration of the training and services provided by Swarnim Gujarat Sports University, its officers, employees, volunteers, participants and all other persons or entities associated with or acting in any capacity of its behalf, I hereby agree to release, indemnify and discharge Swarnim Gujarat Sports University, on behalf of myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children, as follows:

- I acknowledge that all sorts of sports, adventure activities and extreme sports entail known and unanticipated risks that could result in physical or emotional hazards, injury, death or damage to me, property and/or third-parties.
- I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary and I elect to participate in spite of the risks. I hereby voluntarily release, forever discharge and agree to indemnify and Swarnim

Gujarat Sports University hold harmless from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of equipment or facilities provided by Swarnim Gujarat Sports University including any such claims which allege negligent acts or omissions of Swarnim Gujarat Sports University.

- I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.
- I give my assurance to follow all rules, regulations and instructions given by instructor/coach during the course.

Date: _____ Place: _____ Full Name and Signature of Participant _____

ADDITIONAL INDEMNIFICATION BY PARENTS OR GUARDIAN:

(Must be completed for participants under the age of 18 years)

In consideration of _____ (name of applicant/minor) being permitted by Swarnim Gujarat Sports University to participate in its course/training/trip/activities, as the parent or guardian of mentioned applicant, I hereby give my permission to participate in the foregoing and further agree, individually and on behalf of minor, to the term of the above and to indemnify and Swarnim Gujarat Sports University hold harmless from any and all claims which are brought by or on behalf of Minor and which are in any way connected with such use or participation by Applicant/Minor.

Date: _____ Place: _____ Full Name and Signature of Parents/Guardian _____

MEDICAL CERTIFICATE: (to be signed by RMO/Physician or Registered Medical Authority)

Age:	Years	Height:	cm.	Weight:	kg.	Blood Group:
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Space to write any significant finding or advise:

Certificate:

This is to certify that Mr. /Ms. _____ is medically, physically and mentally found fit on his/her examination, to undergo all sports activities including mountaineering, water sports, aero sports and any adventurous or extreme sports and its training activities.

Seal & Signature of Doctor	Date	Full Name, Address & Registration No.

(Photocopy of this form can be used)