



MAKAUT NATURE & ADVENTURE CLUB

NH 12, Haringhata, Post Office - Simhat, Police Station – Haringhata, Pin – 741249

A club run and managed by MAKAUT, WB students.

ACTIVITY:

Name

Address

Email id Contact No.

Date of birth

Blood Gr.

Gender

M **F** **O**

Food habit Veg Non-veg

Chicken

Fish

Egg

Restricted food, if any

Any medical conditions/ allergy etc.

Parent/Guardian's Name & relation

Any special qualification or hobbies connected to the camp.

Came to know about this course from

Emergency

Contact Nos

Name/ Address

Covid Vaccination Status:

Declaration: -

In consideration of my participation in the forthcoming " _____" conducted by the MAKAUT Nature and Adventure Club and being held from _____ to _____ at _____ I, the undersigned, do hereby acknowledge, covenant, and agree for myself and my family, and assigns as follows: 1. That participation to the aforementioned camp is strictly voluntary and my decision to participate is taken at free will without any prejudice, in sound mental and physical health. 2. I/ we do fully understand that participation in any Adventure activity involves some risk and can result in injury or accidents, 3. I acknowledge and am fully aware of the inherent risks associated with participation in the Trip/Activity and to the maximum extent allowed by law, I Waive, Release, and Discharge The MAKAUT Nature and Adventure Club, Its Organizers, Members & Associates from any negligence, claims, losses, or causes of action including, but not limited to death, personal injury or property damage arising out of my/ my wards own voluntary participation in the above mentioned activity/trip. 4. Rules and regulations have been adopted for the safe enjoyment of the activity and I agree to adhere to those rules regulations. 5. I hereby give permission for the MAKAUT Nature and Adventure Club and its Organizers to secure medical treatment for me in the event of an emergency. I authorize the physician or medical personnel or Certified First Aider present to provide treatment deemed necessary by them. 6. I confirm that I have read and understood the above declaration.

Full Name _____ S/O D/O W/O _____

Date and Signature of candidate: _____

Consent of Guardian : *I hereby allow my ward to take part in the above mentioned course without any inhibition or prejudice.*

Date: _____

Signature _____