DECLRATION CUM INDEMNITY BOND. I, ______, age _____ years, Occ. _____, residing at ______ Dist. ____ state _____ hereby agree to release, indemnify and discharge Giripremi, Vision Sagarmatha, & Guardian Giripremi Institute of Mountaineering (referred as 'GGIM') - on my behalf and on behalf of my heirs, assigns, personal representatives and estate and for all members of my family, including minor children - as follows:

- 1) That I am a member of organizations called 'GIRIPREMI' having its office at 2/3, Erandawane, off Karve road, Pune 411004 and 'VISION SAGARMATHA' having its office at 1232, Success Chamber, Pune 411004 and are registered under the B.P.T. Act.
- 2) That I abide by the rules and regulations of the said organizations and have full faith and commitment for the aims and objects of the said organizations.
- 3) That the above said organizations, Giripremi, Vision Sagarmatha & GGIM always undertake expeditions/adventure activities in mountains like Sahyadris/Himalayas/across the world, or any other part, such as peak climbing/trekking/rock climbing/exploration/ rescue work etc and along with other sponsors.
- 4) That at my own costs and consequences, I am willingly volunteering myself to become a team member of any such expeditions/adventure activities which are / will be organized by these organizers.
- 5) That before volunteering myself for these expeditions/ adventure activities, I have taken full and free consent and no objection from my parents /guardians /spouse to participate in these expeditions/ adventure activities and my parents/guardians/spouse have also signed this Declaration cum Indemnity Bond to acknowledge the said consent, no objection and for co-indemnifying the above organizers and sponsors.
- 6) That before volunteering for these expeditions/ adventure activities every time I will thoroughly check my body and mind through my own medical experts about my physical and mental abilities and when I have been certified fully fit to undertake these expeditions/ adventure activities, I will participate / volunteer in the said expeditions/ adventure activities.
- 7) That I shall also ensure adequate insurance to cover any injuries or/and damages that I may cause or suffer while participating the activities and shall keep indemnified Giripremi, Vision Sagarmatha & GGIM in that regard. That any extra expenses, damages, costs beyond such insurance cover/s, shall be borne and paid by me and I shall keep indemnified Giripremi, Vision Sagarmatha and GGIM there from also.

- 8) That I am made known & am fully aware of the extreme hazards of this unparalleled and extraordinary adventure which puts a person into grueling mental and bodily testing and which crosses all limits of normal human capabilities while participating in these expeditions / adventure activities
- 9) That I am aware of the fact that for this prestigious expeditions/ adventure activities, the above-mentioned organizations and sponsors have put in lot of their labor, money and influence for the success of the expeditions/ adventure activities.
- 10) Ιn the context the phenomenal of status expeditions/ adventure activities and in the context that I am participating of my free will, wish and with my selfmotivation, ME AND MY PARENTS /GUARDIANS/SPOUSE hereby indemnify and shall keep indemnified the above organizers, sponsors, their respective office bearers, trustees, owners, supporters, expedition members, porters, support staff etc. in any manner and for any reason FOR any of my injuries, disabilities or death AND FROM all the complications, accidents, hazards, natural calamities occurring during these expeditions/ adventure activities; claims, demands, compensations SPECIFICALLY from any injuries finally resulting into permanent/semi-permanent and/or partial permanent disablement/s to any of my bodily organs and/or senses.
- 11) That I have signed this Declaration cum Indemnity Bond of my free will and wish and without any pressure, botheration upon me AND my parents/guardians/spouse have also signed the same with full knowledge and with their free will and wish.

day ofat	
Name/Address	
PHOTO PHOTO	
PAN NO.:	
MOBILE NO.:	
Signature	
WITNESSES:	
1.Signature:	
Name:	
Address:	
2.Signature:	
Name:	
Address:	

WE HAVE READ THE CONTENTS OF THIS DECLARATION CUM INDEMNITY BOND AND HAVE GIVEN OUR FULL CONSENT, NO OBJECTION AND CO-INDEMNITY IN RESPECT OF OUR SON'S/DAUGHTER'S/BROTHERS'S/SPOUSE'S PARTICIPATION IN EXTRA-ORDINARY EXPEDITIONS / ADVENTURE ACTIVITIES organized by Giripremi, Vision Sagarmatha, & GGIM.

Name/Address:	PHOTO)
MOBILE NO. :		

Signature

PARENT/GUARDIAN/SPOUSE