



Explore the Unmatched Beauty
1ST EDITION - MARCH 17, 2019

FOR CHILDREN UNDER 18, PARENTS NOT ATTENDING

**DISCLAIMER OF RESPONSIBILITY, HOLD HARMLESS, PARENTAL PERMISSION AND
MEDICAL AUTHORIZATION FOR CYCLOTHON – 100 Km, 70 Km and 30 Km.**

We(I) the parent(s) or legal guardian(s) of child's name _____, born on _____ (D.O.B), participating in _____ (Race Category) hereby give permission for our child to participate in the sport/activity named above. We(I) are unable to attend with our(my) child as a participant therefore, we further agree that we(I) have provided all the necessary and proper instructions to our(my) child and that our(my) child can use and rely on their own good judgment to match their past participation (which may range from novice/beginner to advance/professional) in the sport/activity to the proper level of skill and experience for the duration of this event.

In so doing, we understand that only we(I) can fulfil our parental duty and no other person can maintain an equal or higher standard than the level of parental responsibility or supervision for the sport/activity than we(I) can provide by being present. In our(my) absence, we(I) agree that the District Olympic Association, Rupnagar, and the organisers or anyone else who may provide some care for our(my) child, have absolutely no responsibility nor liability whatsoever for the above sport/activity.

Recognizing that injury may occur in any sport/activity and that the above sport/activity, like other high-risk sports/activities, is more prone to accidents or injury which may be serious or even life-threatening, we(I) hereby assume the risk in full for the above sports/activity and for our(my) child and for ourselves as participant or spectator and with full knowledge of the risks inherent in such sports/activities agree to hold harmless the District Olympic association, Rupnagar, its, employees, agents and volunteers (collectively called *Organisers*) involved in any level of organizing, or aiding, in the arrangements for the sport/activity from any and all claims or liabilities, whether direct or indirect for any and all bodily injury and/or property damage arising from our(my) child's participation to include any travel to and from such activities and agree to assume the full risk and responsibility for such injury and illness.

We understand that this agreement is for the duration of the sport/activity to include any and all meetings or other related programs or events and any travel to and from such activities at the above facilities or fields at above facilities or any other location made available for my child's use and recreation. We(I) hereby give our(my) permission to take my(our) child to a doctor/hospital, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we(I) hereby assume all transportation costs.

We(I) have read this document completely, and we(I) understand its contents.

(Child/Student's signature)

(Date)

Parent/Guardian's signature)

(Date)

(Parent/Guardian's telephone number)

Please note: Each child participant under the age of 18 MUST return this signed form in order to participate in the above sport/activity.