

Indemnity Bond

RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT

(Please fill out in own handwriting and in BLOCK LETTERS)

I understand that adventure sports (Motorcycling / Self Driving / Off-roading / Trekking / Rafting etc) is a Risky Hobby and involves risk to my life and limb.

In consideration of being permitted to participate in Expeditions / Events organised by Planet Way Round hereafter addressed also as the "Released Party", out of my own free will and voluntary act, I _____, for myself, my personal representatives, heirs, executors, next of kin, spouse and assigns, so agree as follows:

A. I RELEASE, WAIVE AND DISCHARGE the following persons ("RELEASED PARTIES") from any and all claims and liability for my personal injury, my bodily injury, my death and/or my property damage connection with my participation in the Expeditions / Events, my participation with Planet Way Round, their Association, or arising out of the doctrine of strict liability, to the full extent allowed by law. The persons I am releasing, including their employees, spouses, officials, members, are:

1. Planet Way Round
2. Each of the person or persons involved or participating in the Ride.
3. Each of the property owners on or over whose property I may stay or camp on or ride.
4. All persons involved, in any manner, in the Ride Stay or Camp.

B. I WILL NOT SUE OR MAKE A CLAIM against the RELEASED PARTIES for loss or damage on account of my bodily injury, my death, or my property damage sustained as a result of my participation in the Ride, my participation with Planet Way Round I ACKNOWLEDGE that such injuries, death and/or damage are NOT covered by any insurance issued to any of the RELEASED PARTIES.

C. I AGREE THAT this AGREEMENT shall be governed by and construed in accordance with Indian law. All disputes and matters whatsoever arising under, in connection with, or incident to this agreement shall be litigated, if at all, in and before a court located in the state of Himachal.

E. I VOLUNTARILY ASSUME ALL RISKS, KNOWN AND UNKNOWN, OF PERSONAL INJURY, BODILY INJURY, DEATH OR PROPERTY DAMAGE CONNECTED WITH MY PARTICIPATION IN THE SPORT OF PARAGLIDING, HOWSOEVER CAUSED, EVEN IF CAUSED IN WHOLE OR PART BY THE ACTION, INACTION, OR NEGLIGENCE OF THE RELEASED PARTIES.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE WAIVER AND ASSUMPTION OF RISK AGREEMENT.

Place: _____

Date: _____

Signature of Traveller
Name
Address



Personal Information

(Please fill out in own handwriting and in BLOCK LETTERS)

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

HOME PHONE: LISTED / UNLISTED (please circle one)

HOME PHONE / CELL PHONE: OKAY / NOT OKAY to publicize within the Club (please circle one)

WORK PHONE: _____ EXT: _____

VEHICLE INFORMATION

YEAR: _____

MAKE: _____

MODEL: _____

COLOR: _____

CUBIC CENTIMETER OF ENGINE: _____

PLATE NUMBER: _____

Please submit the following documents with the form:-

1. Residence proof
2. ID Proof
3. Copy Valid RC of Vehicle
4. Copy Of valid Insurance of Vehicle

