



## Waiver and Release of Liability & Assumption of Risk

In consideration of My/My wards participation in the Activities conducted at the Hyderabad Rockathon on 9th Dec 2018 at Khajaguda, Behind Lanco Hills, Manikonda by the Great Hyderabad Adventure Club and Society to save rocks. I, the undersigned, do hereby acknowledge, covenant, and agree for myself, my family, heirs, and assigns as follows:

1. I understand that Participation in the activities including rock walks, trekking, hiking, climbing, rappelling, bouldering, trail running and other outdoor and adventure activities can result in injury or accidents. Exposure to the natural elements can cause Sunburn, dehydration, heat exhaustion, heat stroke, heat cramps. Exposure to Wind, Rain, Cold, difficult terrain, can cause Fatigue and Exhaustion and can be uncomfortable or harmful or cause injury.
2. I understand that there is a certain level of unpredictability and uncertainty and discomfort associated with any of the outdoor or adventure activities I am taking part in.
3. I acknowledge and I am fully aware of the inherent risks associated with participation in the Activities and to the maximum extent allowed by law, I Waive, Release, and Discharge Great Hyderabad Adventure Club and Society to Save Rocks, 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 own voluntary participation in the above mentioned activity/trip.
4. I understand that the said activity I am participating is an amateur outdoor activity organized by Great Hyderabad Adventure Club and the Society to Save Rocks which is meant for recreation purpose only. I understand and agree that the Organizers have simply facilitated the gathering of members interested in the Activities and I am voluntarily participating and consented to my own risk and peril involved in the activity I am taking part in.
5. I affirm that I am in good physical health and have read the guidelines and I am confident of my ability to take part in the said activities I am participating. I have no significant Injury, medical ailments or conditions that would counter-indicate any disability to take part in the outdoor activity.
6. Rules and regulations have been adopted for the safe enjoyment of the activity and I agree to adhere to those regulations and all other club rules as displayed on the website [www.hyderabadrockathon.com](http://www.hyderabadrockathon.com) [www.ghac.in](http://www.ghac.in) and [saverocks.org](http://saverocks.org)
7. I will follow the organizers instructions and I will not deviate from the planned route. I will not Litter, Smoke or Drink Alcohol.
8. I also understand that any photos or videos that I submit out of the event can be used by save rocks and GHAC for promotional purposes without requiring any explicit permissions from me.
9. I hereby give permission for the Great Hyderabad 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. I will pay any medical expenses arising out of any medical assistance provided to me.

I confirm that I am 18 years of age or older and under no legal constraint or impediments and I acknowledge that by signing this agreement, I or the minor on whose behalf I sign for will be bound to its terms. My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my and my wards legal rights. I agree to be bound by its terms. If a provision of this release, or the application of any provision, be held invalid, the remainder of the release shall not be affected thereby.

Full Name \_\_\_\_\_ S/O D/O W/O \_\_\_\_\_

Minors Name: \_\_\_\_\_ Relationship: Father / Mother / Legal Guardian/ Other: \_\_\_\_\_

Contact: \_\_\_\_\_ Address \_\_\_\_\_

Blood Group \_\_\_\_\_ Emergency Name & Contact \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

Witness 1.

Signature:

Full Name:

Contact & Address:

Witness 2.

Signature:

Full Name:

Contact & Address: