

FORMAT OF RISK WAIVER CERTIFICATE

I Shri _____ S/O Sh. _____

R/O _____

am doing SIV Course under ABVIMAS on my own risk, am not suffering from any physical disability, Medical ailment especially high blood pressure, Heart condition or epilepsy. I further declare that I am fully aware of risks involved in any Adventure Sports especially SIV course. I will not hold any party, person, institution responsible directly/indirectly for any mishap/accident which may happen during the conduct of the course.

I further declare that I or any of my family members will not take any legal recourse in the event of any mishap/accident resulting in any type of injury/death on any of the involved parties in the conduct of the course.

Date:

Signature of applicant

Witness 1

Name & Address.....

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Witness 2

Name & Address.....

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