



## Liability Release Form

To: AJAI ALAI ASIA LTD  
Event or Activity: YATRA IN INDIA  
Date: 2020, July 14-27

Participant:

I understand that I am fully responsible of the participation in the above event. I declare that I am covered by an international insurance in case I am involved in any incident or accident during the event, or in case of any health problem that requires to see a doctor or go to the hospital.

By signing below, I assume any risk of harm or injury that might occur to myself or my accompanied minor(s) in relation to the participation in the event.

I release the organization named above from all liability, costs and damages that may arise from participation in the above named event.

If the participant is a minor, I confirm that the minor has my consent to participate in the event. I further provide my consent for the organization named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

*Sign Here if Participant is an Adult*

Signature of Participant:

Date:

*Sign Here if Participant is a Child*

Name of Parent or Guardian:

Signature of Parent or Guardian:

Date: