

DECLARATION

THE ALL INDIA OPEN CANOE SPRINT CHAMPIONSHIPS 2017-18 SENIOR MEN & WOMEN , JUNIOR MEN & WOMEN FROM 16-18 JUNE 2017 Indian Kayaking and Canoeing Association , Kayaking & Canoeing Association of Chandigarh will not take any responsibility for any loss and damage to a person or property during the Championships. I renounce to make any claim by legal action or personally or third party. I also declare given nature of adventure that I am in good health and do not suffer from any heart problems or epilepsy. Furthermore, I am presently not under the influence of alcohol or drugs. I am about to undertake risk involved in Kayaking & Canoeing events. I can swim and know self and equipment rescue.

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|-----|---------|---|-------|-----------|-------|
| 1. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 2. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 3. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 4. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 5. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 6. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 7. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 8. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 9. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |
| 10. | Name | : | _____ | Signature | _____ |
| | Address | : | _____ | Phone No | _____ |

VERIFICATION & CERTIFICATION

It is verified that the statement given above by Athletes are correct and they will be held responsible for any liability and loss. It is also certified that they know swimming and self rescue.

Date: -

Secretary (Name, Address & Mobile No)
State Association/Unit Indemnity Bond
SEAL