



Indemnity Bond

Legal document of acknowledgement and assumption of risk and release of liability. Please do mention appropriate phone codes (STD / ISD) for all telephone numbers. This form is legal obligation and must be filled in totality as far as mandatory fields are concerned. Incomplete forms will be null and void. Important - please fill all fields in CAPITAL LETTERS only.

FIELDS MARKED WITH A * ARE MANDATORY

I am aware that travel, whether in civilized or remote areas and whether by automated means of transport, raft, on foot, another conveyance, skis, horseback or the like contains some inherent risks of illness, injury, or death. The same may be a result of negligence of others, myself, forces of nature or other agencies known or unknown. I recognize that such risks may be present at any time before, during and after the trip that I am participating in under the arrangements of **M/S Synapses Adventures Pvt Ltd**, its agents or associates. Medical services may not be readily available or accessible while participating in the trip.

Release: In consideration of payment for the right to participate in the trip organized by **M/S Synapses Adventures Pvt Ltd**, I have and do hereby fully assume all risk of illness, injury or death. Furthermore I hereby release and discharge **M/S Synapses Adventures Pvt Ltd** and its agents and associates from all actions, claims or demands from damages resulting out of my participation in the trip. I agree that the foregoing obligation shall be binding upon me personally as well as upon my heirs, executors, administrators and all members of my family (including any minor accompanying me).

AUTHORIZATION AND AGREEMENT: I hereby authorize any medical treatment deemed necessary in the event of any emergency, injury or mishap. I agree to bear all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become your property and may be used for commercial purposes.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I recognize that as the provider of services **M/S Synapses Adventures Pvt Ltd** will operate under a covenant of good faith and fair dealing, but that may find it necessary to terminate an activity due to forces of nature, medical necessities or other reasons. I accept their right to take such actions for the safety of all participants including me. I have carefully read this agreement and fully understand its content. I am aware that this is a release of risk and liability contract between **M/S Synapses Adventures Pvt Ltd** and me. I hereby sign this agreement on my own free will.

Although precautions are taken to provide a safe and enjoyable experience, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any adventure, sport, or activity associated with the outdoors or wilderness

My Name

(Mr./Ms.)* (First) _____ **(Middle)** _____ **(Last)** _____

I hereby advice **M/S Synapses Adventures Pvt Ltd** to inform

(Mr./Ms.)* _____ at

(Tel no with STD / ISD codes)* _____ in case of any eventuality.



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Declaration

I have read and understood the description, terms and conditions, indemnity bond and I accept and agree with the above. I understand that I will not be accepted as participant for the event until the Registration Form, Medical Form and Indemnity Bond have been duly submitted by me and received and approved. I give permission to M/S Synapses Adventures Pvt. Ltd to use my name, and picture in promotional materials and press releases.

SIGNATURE OF PARTICIPANT:

DATE:

Synapses Adventures Pvt. Ltd

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