

INDEMNITY BOND

(Please fill the details in own handwriting and in BLOCK LETTERS)

1. I,Rank/Designation.....Son/Daughter/Wife*
of,resident of
....., having read the General Information, Programme Profile and
Terms & Conditions for Registration, and having agreed to participate in (Programme
Name)..... during being
organized by Directorate of Adventure, Indian Air Force do hereby declare that I am
attending the camp/ activity at my own risk and responsibility.

2. I further declare that Indian Air Force (name/location) or
any person(s)/ institution/ agency authorised by the aforementioned Organization in
this behalf shall not in any way be liable to me or to my dependents, legal heirs,
successors or to any other person(s), for any loss, damage, disability or injury
sustained by me or for death resulting from my participation in the above mentioned
programme/ activity. The aforesaid Organizations and any/ all person(s) authorized
by them shall not be liable to pay any compensation, by whatever name called, to
me or to my dependents, legal heirs, successors, assigns or to any other person(s)
herein before not mentioned.

3. I am competent to make the above said declaration.

Place.....

Date..... Signature of Participant

1.
2.
Hence, signed on this day of at in presence of
witnesses.

(Signature of Witnesses with Name, Address and ID Number):

1. (Signature)
.....

2. (Signature)
.....