



Hindu Swayamsevak Sangh U.S.A., Inc.

Individual Consent, Release, and Waiver Form

Please complete one form for each adult.

Name _____

Street Address _____

Email Address _____

Home Phone _____ Other Phone _____

1. As the undersigned person, I hereby consent to my participation in the periodic educational and recreational activity conducted by the Hindu Swayamsevak Sangh U.S.A., Inc. ("HSS"), known as "Shakha."

2. As the undersigned person, I hereby acknowledge that my participation in Shakha will include participation in athletic activities, such as sports and yogasanas, and that participation in such athletic activities may expose me to the risk of bodily injury. Accordingly, I hereby further acknowledge that I have given my consent to my participation in Shakha having assumed the risk of bodily injury.

3. As the undersigned person, in the event that I suffer bodily injury while participating in Shakha, I hereby authorize HSS and its officers, directors, representatives, agents, and volunteers present at Shakha to authorize any emergency medical or surgical treatment deemed to be in my best interest if I am otherwise unable to do so. I hereby further agree to assume full responsibility for the payment of all fees and expenses incurred for any such emergency medical or surgical treatment so received by me. The following insurance policy or coverage is available to cover the cost of all fees and expenses incurred for any such emergency medical or surgical treatment so received by me:

Ins. Co. _____

Policy No. _____

4. As the undersigned person, I hereby agree to RELEASE, INDEMNIFY, AND HOLD HARMLESS HSS and its officers, directors, representatives, agents, and volunteers ("the Indemnified Parties") from all claims for damages or injunctive relief resulting from my participation in Shakha, including any claim alleging that damages or injuries were caused by the NEGLIGENCE of any of the Indemnified Parties.

Signature

Date