



KIDS CAMP

Venue: Tikona Foothills, Kashig, Mulshi

Date: 25 / 12 / 2021

PARTICIPANT INFORMATION

Name of the Participant:	
Address:	
Date of Birth: ___/___/___	Blood Group:
Allergies / Medical conditions (if any):	
Good at:	Improvements required:
Hobbies:	Fear factor:

CONSENT

I/We declare that the child named above is in good health and has no physical or medical limitations that would cause the activities in the camp to be detrimental or dangerous to the child.

I/We understand that some of the activities described in the camp program may result in physical injuries to the child, but I hereby consent and allow the child to participate in those activities.

I/We understand that Unique Explorers does not carry any insurance relative to the activities or to the injury that may occur to the above named child. I/We understand that (a) the child is covered by insurance through my own insurance carrier, or (b) I/We am/are personally and financially responsible for any and all medical costs incurred as a result of the child's injury.



If the child requires any emergency medical treatment or procedures during the activities, I hereby authorize Unique Explorers to take decision and actions to arrange for such procedure or treatments.

I/We declare that, I/we will not held responsible Unique Explorers, their employees, camp supervisors or agencies, directly or indirectly for any losses, damage or injuries arising out of, during or in connection with the child's participation in the activities during the camp or the rendering of emergency medical procedures or treatment if any.

PARENT / GUARDIAN INFORMATION

Name of Parent / Guardian:	
Relation with the Participant: Father / Mother / _____	
Address	
Mobile No:	Alternate no:
Email:	

I, the parent / guardian, hereby attest that I have carefully read the 'Consent to participate' in the said event, understand its contents and agree to the terms and conditions.

Date: ____/____/_____

Signature