

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**  
**Delhi International Swim-A-Thon Championship 2023**  
**24/09/2023 Talkatora SPM Pool Complex, New Delhi**



I, HEREBY ASSUME ALL RISKS OF PARTICIPATING IN DELHI SWIMATHON.

I certify that I am physically fit, have sufficiently prepared and trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I am fully responsible for participating in my chosen category / distance. I am aware of the fact and accept that there may be risks which are inherent to the sports of swimming which constitute the Event.

I also assume any and all other risks associated with participating in this Event, including but not limited to the following: falls, drowning, other participants, and fixed objects; the dangers arising from surface hazards, and hazard that may be posed by spectators or volunteers; and weather conditions

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Soil Ecology Society, (SES) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The organizer cannot be held liable for my misplaced items/belonging. The organizer shall assume no liability for my items stored by myself or third parties employed by the organizer;

I acknowledge that India Endurance & Delhi International Triathlon and their partners, officers, volunteers, representatives, agents, sponsors and supporters are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by facilities, temperature, weather, condition of participants, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature (If under 12 years old, Parent or Guardian must also sign.)	Date
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**ACKNOWLEDGEMENT FORM**  
**ONLY FOR CHILDREN UNDER 12 YRS PARTICIPATING IN ANY CATEGORY OTHER THAN 50M**  
**& 200M**  
**TO BE SIGNED BY THE PARENT**

My child \_\_\_\_\_ (Name of child) is participating in \_\_\_\_\_ (swim category).

I understand the risks involved in my child swimming a longer distance and certify that my child is physically fit, have sufficiently prepared and trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I am fully responsible for my child participating in the chosen category / distance. I am aware of the fact and accept that there may be risks which are inherent to the sports of swimming which constitute the Event.

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Parents Signature (Please print legibly.)	Date	Participant's Name	Age
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