



**ANKUR GUJARATI SAMAJ**

**MEMBER RELEASE AND WAIVER**

Event \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ANKUR MEMBER \_\_\_\_\_ YEAR \_\_\_\_\_

I understand that field trips and related activities involves certain risks, I waive and release any and all rights and claims for damages against ANKUR GUJARATI SAMAJ and its sponsors, agents, representatives and successors for any and all injuries and losses suffered by me at ANKUR GUJARATI SAMAJ and sponsored activities and I agree to indemnify and hold harmless ANKUR GUJARATI SAMAJ for any claims by me arising out of participating in any program or otherwise at ANKUR GUJARATI SAMAJ.

I have attached copy of my Insurance Card and provided Emergency Contact Numbers below.

Name 1 \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Name 2 \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

(If under 18 years of age)