**Student Services Office** 

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INDEMNITY FORM- INDIVIDUAL		
Student Name	Code No	
CEPT Email ID	Contact No	
Name of Program	Faculty of	
Blood Group THE FIELD TRIP		
Course Title	Instructor	
Term/Year	Field Trip Location	
Field Trip Purpose		
EMERGENCY CONTACT		
Name	Contact No.	
Relationship to Applicant		
Address		· · · · · · · · · · · · · · · · · · ·

I HEREBY GIVE MY CONSENT FOR ANY MEDICAL TREATMENT THAT MAY BE REQUIRED DURING MY PARTICIPATION WITH THE UNDERSTANDING THAT THE COST OF ANY SUCH TREATMENT WILL BE MY RESPONSIBILITY.

IN CONSIDERATION of the CEPT University permitting the Student to participate in the Field Trip, the Student, on behalf of himself or herself and his or her heirs, successors and personal representatives, hereby irrevocably and unconditionally agrees to be bound by the following:

- **a) DISCLAIMER:** CEPT University, and/or any of its employees, affiliates and/or assigns shall not be responsible for any injury, including death, suffered by the Student and/or any other person, or for any loss or injury to property of the Student and/or any other person, at any time for any reason whatsoever.
- **b) RELEASE:** The Student shall behave responsibly and take all appropriate precautions, and assume all risks in connection with the Field Trip. (S)he hereby releases CEPT University from any and all actions, causes of action, claims or demands of whatsoever kind and howsoever arising relating to the Field Trip.

c) INDEMNITY: The Student does hereby covenant and agree with C at all times hereafter, indemnify and save harmless CEPT University, i and/or assigns and each of them from all suits, actions, causes of acti whatsoever kind and howsoever arising, which may be made or broug way arising out of the participation of the Student in the Field Trip or of defending any such suits, actions or claims on a substantial indemnity.	ncluding its employees, affiliates on, claims or demands of the against CEPT University in any therwise arising, including the costs		
By initialling, the Student acknowledges that (s)he has read and understands the above clauses (a, b, c).			
Signature of Student	Date		