**UNDERTAKING**

**Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student of \_\_\_\_\_\_\_\_\_ year, (College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) am participating in the event **“ERR\_404”** and will be staying in **M.H. Saboo Siddik College of Engineering** overnight from **07th to 08th October, 2017**. I promise my furthest good conduct during the event. I understand that I will be completely responsible for myself and all my valuables and belongings during the event. I am aware of and will adhere to all rules and regulations set by the college and by the organizing committee of the event. I shall bear full responsibility for breaking any rules imposed and will accept the consequences of the same. I also understand that CSI student chapter and M.H. Saboo Siddik College of Engineering will not be responsible for any accident or mishap occurring with me or my team members on the campus during the event.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Signature

I, the undersigned Mr. / Mrs. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Father/ Mother/ Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am aware that my ward is participating in the event **“ERR\_404”** and will be staying in M.H. Saboo Siddik College of Engineering overnight from **07th to 08th October, 2017**.

I am aware that my ward will be fully responsible for his/her actions and the repercussions of the same during the event. I will not hold the college or the staff or the organizing committee responsible for any kind of loss or mishap. My contact details for further correspondence are as follows:

Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence/Office No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email-id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature