



## DECLARATION / UNDERTAKING FROM THE PARTICIPANT

I, Mr. / Miss / Mrs. \_\_\_\_\_ Aged \_\_\_\_\_ Years Studying \_\_\_\_\_ Class \_\_\_\_\_  
Subject \_\_\_\_\_ College \_\_\_\_\_  
Place of College \_\_\_\_\_ S/o, D/o, w/o, \_\_\_\_\_ having permanent residential  
Address \_\_\_\_\_

### PARTICIPANTS MEDICAL DECLARATION

Height:	Weight:	Blood Group:	Pulse:
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A) Medical History Checklist (Please respond to each condition):

SN. CONDITION	Y	N	SN. CONDITION	Y	N	SN. CONDITION	Y	N	SN. CONDITION	Y	N
1 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	8 Skin Problem	<input type="checkbox"/>	<input type="checkbox"/>	16 Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>	24 Knee Problem	<input type="checkbox"/>	<input type="checkbox"/>
2 BP High / Low	<input type="checkbox"/>	<input type="checkbox"/>	9 Chroni Cough	<input type="checkbox"/>	<input type="checkbox"/>	17 Motion Sickness	<input type="checkbox"/>	<input type="checkbox"/>	25 Ankle Problem	<input type="checkbox"/>	<input type="checkbox"/>
3 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	10 Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	18 Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	26 Foot Problem	<input type="checkbox"/>	<input type="checkbox"/>
4 Heart Problem	<input type="checkbox"/>	<input type="checkbox"/>	11 Severe Headache	<input type="checkbox"/>	<input type="checkbox"/>	19 Neck Problem	<input type="checkbox"/>	<input type="checkbox"/>	27 Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>
5 Seizure / Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	12 Stomach Problem	<input type="checkbox"/>	<input type="checkbox"/>	20 Shoulder Problem	<input type="checkbox"/>	<input type="checkbox"/>	28 Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
6 Hypoglycemia (Low Blood Sugar)	<input type="checkbox"/>	<input type="checkbox"/>	13 Intestinal Problem	<input type="checkbox"/>	<input type="checkbox"/>	21 Back Problem	<input type="checkbox"/>	<input type="checkbox"/>	29 Excessive Sweating	<input type="checkbox"/>	<input type="checkbox"/>
7 Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	14 Urine Problem	<input type="checkbox"/>	<input type="checkbox"/>	22 Hip / Leg Problem	<input type="checkbox"/>	<input type="checkbox"/>	30 Frequent Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
			15 Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	23 Hand Problem	<input type="checkbox"/>	<input type="checkbox"/>	31 Muscle Cramps	<input type="checkbox"/>	<input type="checkbox"/>

B) Allergies (Medicine, Food, I Insect Bites/Stings, Plants, Pollens, Others) :

Allergic to	Reaction	Medication Required

C) Current Medication : Yes / No.

Medicine	Taken for	Any Side Effects

D) Current Fitness Level (Please Tick) : Average ☐ Good ☐ Excellent ☐

E) Health / Accident Insurance (If Any):

F) Please State other medical issues (if any)

Signature of Individual

Signature of Guardians/Parents

Signature of Teacher/Professor

Signature of Trainer



## DECLARATION AND CLAUSES :

- 1) I hereby declare that I on my own will & wish intend to take part in the Achievers Adventure Camp by Global Sports Academy held at Global Sports Academy Pvt. Ltd Doda, Borgaon, Saikheda, Madhya Pradesh-480337, Tehsil- Sausar, District-Chhindwara, State - Madhya Pradesh.
- 2) I hereby declare that I have informed my parents/guardian about my participation in the above said adventure camp and they have given their consent without any demur to attend the above camp.
- 3) I hereby declare that I am aware of serious accidents, risks and death hazards that are involved in taking part in the above-said adventure camp. I shall not hold the Institution/Camp/Academy/Company officials representing the camp/institution/Academy/Company for any of the mishaps/accidents/injuries/deaths that might occur during the above-said period.
- 4) I hereby declare that I shall not involve in activities, like doping/smoking/alcohol consumption and unfair play.
- 5) I shall be solely responsible for any of the illegal activities like sexual-based offences, and violence committed during the time I am attending the camp.
- 6) I hereby declare that I will neither join in any coercive agitation/strike which has a tendency to disturb the peace and tranquility of life during the coaching camp and competition.
- 7) I hereby declare that neither I will indulge in, nor tolerate raging in any form, even in words or intentions.
- 8) I shall not use any motorized vehicles during the camp/competitions/adventure activities, unless taken prior permission from the camp head and I shall be solely responsible for any motor vehicle accidents.
- 9) I also declare that I am not suffering from any serious /contagious ailment and/or any psychiatric/physiological disorder.
- 10) I hereby declare that I shall be solely responsible for my involvement in any kind of undesirable/in disciplinary activities during the adventure camp and shall be liable for punishment as per the law of the land. I further understand that the Institution/Camp/Academy/Company shall in no way provide any support to me and will not be held responsible for any such action. I, further declare that my participation in the adventure camp may be cancelled at any stage if I am found violating the above declaration or if I am found ineligible and or if the information provided by me or found to be incorrect.
- 11) I will always abide by the anti-ragging policies declared by the Government of Madhya Pradesh.
- 12) I hereby declare that I will be sincere in my duties and will obey all the rules and regulations set by the Academy/Camp/Institution/Company.
- 13) I will follow all the safety and training procedures laid down by the Institution/Camp/Academy/Company.
- 14) I undersigned, hereby declare that I understand and agree to the terms and conditions outlined below in relation to my participation in the Adventure Training program/activity.
- 15) I acknowledge that Adventure Training activities involve inherent risks and hazards, including but not limited to physical exertion, unpredictable weather conditions, rough terrain, and potential accidents. I voluntarily choose to participate in these activities with full knowledge and acceptance of these risks.
- 16) I will follow all instructions and guidelines provided by the program/activity organizers and instructors. I understand that failure to comply with these instructions may result in injury or harm to myself or others.
- 17) I agree to respect the natural environment and cultural heritage of the areas where the Adventure Training program/activity takes place. I will not engage in any activities that may harm the environment or disrupt local communities.
- 18) I agree to take responsibility for my personal belongings and equipment during the Adventure Training program/activity. The organizers and instructors are not liable for any loss or damage to my personal property.
- 19) I authorize the Adventure Training program/activity organizers to seek necessary medical treatment for me in case of an emergency. I understand that I will be responsible for any associated medical expenses.
- 20) I release the Adventure Training program/activity organizers, instructors, and associated personnel from any liability for personal injury, loss, or damage arising from my participation in the program/activity.
- 21) I understand that it is my responsibility to assess my own fitness level and ensure that I am physically capable of participating in the Adventure Training program/activity. If I have any health concerns or pre-existing medical conditions, I have consulted with a healthcare professional and obtained their approval to participate.
- 22) I understand that photographs, videos, or other media may be taken during the Adventure Training program/activity for promotional purposes. I grant the organizers permission to use such media for these purposes without any compensation to me.
- 23) I have read and understood the above undertaking form, and I agree to abide by its terms and conditions.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Contact Information:

Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Alternate Phone Number : \_\_\_\_\_

Signature of Individual

Signature of Guardians/Parents

Signature of Teacher/Professor

Signature of Trainer

Contact: 92265 12391  
Email: info@achieversadventure.com

Address: Global Sports Academy Pvt. Ltd Doda,  
Borgaon, Saikheda, Madhya Pradesh-480337