



INDEMNIFICATION UNDERTAKING BY STUDENT

I, PATRE VARUN SOMNATH , Age: 22, student of Symbiosis School of Sports Science, a constituent of Symbiosis International (Deemed University), do hereby declare and undertake as follows:

- (i) I am pursuing Master of Business Administration (Sports Management) with Symbiosis School of Sports Science.
- (ii) I have read and understood the Disciplinary Rules, Code of Conduct, Academic Rules, Examination Rules, Dress Code, and Library Policy of the Institute given on the Symbiosis School of Sports Science / SIU website.
- (iii) I understand and agree that I have joined this University for academic pursuits and for holistic development of my personality. I agree that University and / or Institution and/or its Authorized Representatives have no control on activities, which are not related to course curriculum and in which I decide to engage myself voluntarily. It also sometimes happens that during the course of performing authorized activities, students engage in activities on which there is no direct / indirect control of the authorities of the University / Institution.
- (iv) I understand that as a responsible student of the University, I should not engage myself in activities which may cause injury to my person or property. In case, any injury is caused to my person / property due to my involvement / engagement in any manner in any activity, which is not authorized by the University and / or Institution or on which University and / or Institution does not have any direct / indirect control, which may or may not be during the course of performing authorized activities like participation in sports events, presentation, study excursion tour, presentation, out bound program, etc., then I am the person solely liable to bear its consequences. I undertake that I shall not hold the University / Institution liable in any manner whatsoever for the same.
- (v) I understand that Symbiosis also promotes sports, because it believes in the principle of "sound mind in sound body". The participation in regular sports features or tournament is completely voluntary.
- (vi) I am well aware that any sports event has some inherent risks involved in it. I am also aware while playing some sports, accidents may occur. However, since my participation to regular sports features of the Institute / University or any specific tournament is completely voluntary, I shall not make any claim for any amount as compensation or otherwise due to any injury caused to person or property arising out of my voluntary participation.
- (vii) Symbiosis has insured each student to meet medical expenses up-to Rs. 50,000/- in case of non-accidental emergencies (as per the Mediclaim Insurance Policy) & Rs.1,00,000/- in case of Rail/Road Traffic accidents. But it may happen that in some cases (exclusion clauses), the insurance policy may not be honored. Hence the University/Institution may have to incur certain expenses. I and/or my parents undertake to pay the total amount within 15 days of demand by the University / Institute.
- (viii) I am aware that Symbiosis Centre of Health Care (SCHC) has been established on the Campus where the students can avail First Aid Facility. I, therefore understand that SCHC is responsible only for primary medical assistance and any higher degree of medical care or any medical emergency may be addressed by referral to specialized centers.
- (ix) I also understand that in case of a medical problem, certain medical procedures may need to be performed by hospitals to treat the medical conditions. In such cases, as decided by the doctor, a consent is required to perform the required medical procedures. Any delay in producing the consent may prove to be fatal and under any circumstance, the medical treatment should not be delayed for want of consent from my parents/guardian.



(i) I, therefore, in my interest, authorize the Symbiosis International (Deemed University) and /or the Institution and/or any person designated by the University /Institution, to give consent for me and on my behalf to perform the medical procedures. I shall stand by this authorization and shall not hold Symbiosis International (Deemed University) and /or the Institution and/or any person designated by the University / Institution responsible / liable for giving consent.

(ii) I, hereby authorize SIU/ SCHC/ Symbiosis Society to seek information relating to my treatment / hospitalization during my studentship with SIU.

(iii) I have signed this Undertaking and authorized Symbiosis International (Deemed University) and /or the Institution and/or any person designated by University /Institution to give consent for medical procedure on my free will and without any influence / pressure from any person.

Hence this Undertaking and Authorization.

Date: 22-Mar-2021

Place:

Name of the Candidate : PATRE VARUN SOMNATH

Signature of the Candidate

