

## WAIVER

I \_\_\_\_\_ (Full Name) declare, confirm and agree as follows that I / my ward...

- (1). Have given true and complete information in this application form and me/my ward is/am solely responsible for the accuracy of this information;
- (2) I am aware of the purposes for which my personal data may be used by We Shakti Trust.;
- (3). Have fully understood the risk and responsibility of participating in the Alwar Tiger Marathon or any Event outlined in this application (collectively "the Event") and will be participating entirely at my/his/her risk and responsibility;
- (4). Understand that I/my ward shall participate only on the route designated by the Event organizer;
- (5). Understand that I/my ward must be of, and must train to, an appropriate level of fitness to participate in such a physically demanding Event and I/my ward has obtained a medical clearance from a registered medical practitioner, allowing me to participate in the Event;
- (6). For myself/ourselves and our legal representatives, waive all claims of whatsoever nature against any and all Sponsors of the Event, Alwar Tiger Marathon Committee persons, officials of We Shakti Trust and all other persons and entities associated with the Event and the directors, employees, agents and representatives of all or any of the aforementioned including, but not limited to, any claims that might result from me/my ward participating in the Event and whether on account of illness, injury, death or otherwise.
- (7). Shall provide to Event officials such medical data relating to me/my ward as they may request. I agree that nothing herein shall oblige the Event officials or organizers or any other person to incur any expense or to provide any treatment;
- (8). In case of any illness or injury caused to me/my ward or death suffered by me/my ward due to any medical reasons or medical condition during the Event or at any time thereafter as a result of the Event, regardless or not whether such medical reasons or condition shall have been pre-existing conditions known by me and further regardless of whether I/my ward shall have disclosed, at any point in time, the existence of such reason or condition to any person, none of the sponsors of the Event or any of the Alwar Tiger Marathon Committee persons, officials of We Shakti Trust or any persons or entities associated with the Event or the directors, employees, agents or race director or any representatives of all or any of the aforementioned shall be held liable by me/my ward or my/my ward's representatives;
- (9). In case of any illness, transmittable/communicable/contagious disease or injury caused to me/my ward or death suffered by me/my ward during the Event or due to any force majeure Event including but not limited to fire, riots or other civil disturbances, earthquakes, storms, typhoons or any terrorist act, none of the sponsors of the Event or authorities, any of the Alwar Tiger Marathon Committee persons, officials of We Shakti Trust or any persons or entities associated with the Event or the directors, employees, agents or representatives of all or any of the aforementioned shall be held liable by me/my ward or my/my wards representatives;
- (10). Understand, agree and irrevocably permit We Shakti Trust to share the information given by me/my ward in this application, with all/any entities associated with the Alwar Half Marathon, at its own discretion;
- (11). I/my ward understands, agree and irrevocably permit We Shakti Trust to use my/my ward's photograph/ video which may be photographed/recorded on race day and/or during various functions of the Event, for the purpose of promoting Alwar tiger Marathon, at its own discretion;
- (12). I/my ward do agree to receive information and offers of various brands/products/ services as may be sent to me/my ward by the Event promoters (or a person duly authorized by the promoters) on the email address given by me/my ward in this application form;

(13). I/my ward understands and agree that I/my ward shall receive Event related updates on the registered mobile number through Text Message / email or WhatsApp;

(14). I/my ward understands and agree to the Event terms and guidelines.

Guardian's Signature

Applicant's Signature Name & relation of Guardian with Applicant