



Disclaimer
To Whom It May Concern:

Attending Camp At: _____

Attending from (Dates): _____ to _____

1. Participant Name:

2. Date of Birth:

3. Sex:

4. Occupation:

5. Contact No:

6. Email ID (personal):

7. Email ID (official):

I _____ S/o, D/o, W/o _____

Agree to adhere strictly to the discipline of program and abide by the directions of the organizers at all times during the program.

In case of any accident, illness, injury, loss, death during camp/course/training/traveling or in any other way, neither my executor nor I will hold the Wildwoods Adventure Tourism Pvt. Ltd. (including it's Members or Instructors nor my Employer) responsible. Or any claim, which may be any third party against them in connection of said training, or journey. I declare that I do not have any infectious disease and I am keeping good Health.

Date: - _____

Place:- _____

Participant Signature: - _____

Reg Office:- 11-4-71, Thakur Nivas, Chilkalguda, Secunderabad.

www.wildwoods.in