



“ACKNOWLEDGEMENT OF RISKS & INDEMNITY AGREEMENT”

This must be signed for an Acceptance of your Entry

- A) I have understood the risk and responsibility of participating in the “**LADAKH MARATHON**”, hereinafter referred to as “**Event**” and will be participating entirely at my/his/her own risk and responsibility
- B) I have given true and complete information in this application form and me/my ward/ am is solely responsible for the accuracy of this information.
- C) I am aware that any **Event**, whether in civilized or remote areas contains some inherent risks of illness, injury or death. The same may be a result of negligence of others, myself, forces of nature or other agencies known or unknown. I recognize that such risks may be present at any time before, during and after the **Event** that I am participating in under the arrangements of Ladakh Marathon, being organised by Rimo Expeditions, its agents or associates. I am also aware that medical services may not be readily available or accessible during some or all the time while I am participating in the **Event**.
- D) I understand that I/my ward must have an appropriate fitness level to participate in such a physically challenging **Event**
- E) I/my ward understand and agree to the **Event** terms and conditions

Release: In consideration for the right to participate in the **Event**, which is promoted and organised by Rimo Expeditions, I agree to the terms of this Acknowledgement of Risks, Release of Liability & Indemnity Agreement. I have and do hereby fully assume all risk of illness, injury or death. **(I understand that the Event includes certain inheritant and other risks including, but not limited to, high altitude sickness, falling or slipping, landslides, rock fall, vehicular traffic or any other natural calamity that may occur during the Event etc)** whether they are known or unknown. These risks cannot be eliminated and I willingly assume these risks. I understand that these risks may result in bodily injury (including paralysis), death or damage to property. I also understand and that I will not hold Ladakh Marathon Committee persons, Officials and Volunteers, Rimo Expeditions and all other associates, agents or employees liable of negligence in the event of any accident that may occur due to the negligence of me or any other participant on account of not following instructions or due to such acts done which are outside the **Event** for which I am participating.

Furthermore I hereby release and discharge Ladakh Marathon, Committee persons, Officials and volunteers, Rimo Expeditions and all other associates, agents or employees from all actions, claim or demands from damages resulting out of my participation in the **Event**. I agree that the foregoing obligation shall be binding upon me personally as well as upon my heirs, executors, administrators and all member of my family (including any minor accompanying me).

Authorization and Agreement: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in this Event. I agree to pay all costs of rescue and /or medical services as may be incurred on my/our behalf.

Express Assumption of Risk and Responsibility: I recognize that as the organiser of the Event Rimo Expeditions will operate under a covenant of good faith and fair dealing, but that may find it necessary to terminate same due to forces of nature, medical necessities or other problems. I accept their right to take such action for not only my safety but also safety of all participants. I have carefully read this contract and fully understand its contents. I am aware that this is an acknowledgement of risks and liability agreement between Rimo Expeditions and me.

I hereby advise RIMO EXPEDITIONS, promoters & organisers of LADAKH MARATHON, to inform Mr/Mrs*.....at Tel no with ISD code)*
.....in case of any eventuality

My name: Mr/Mrs/ Ms*

Father's/Mother's/Husband's/Wife's Name*

Date of Birth.....

Nationality.....

My organisation (if applicable).....

My Current Residential Address*

.....

Tel (Off).....Tel (Res).....(mobile).....

List of allergies.....

Any prescribed medication.....

Signature*

Today's Date.....

Anything else you think we should know about you.....