## INDEMNITY CUM DECLARATION FORM LIABILITY RELEASE WAIVER

I, Mr / Mrs /Ms / MALE FEMALE adult, years of age and of Indian / travelling from the following address:	, a Nationality, am
To Dhamma Vatika, Palghar Vipassana Centre for a Vipassana Meditation Course starting from	

I state that I had applied and accepted willingly the admission to the Vipassana Meditation Course being held at Dhamma Vatika, Palghar Vipassana Centre, Behind Alyali Cricket Ground, Alyali Village, Palghar 401404.

I hereby indemnify the organizers and trustees of the Palghar Vipassana Trust and the above Centre Management of what so ever claims or liabilities and submit the following COVID-19 Liability Release Waivers to the above mentioned Centre:

1.	It is mandatory to install the Aarogya Setu app on your mobile. Have you installed it on your phone?	YES NO
2.	Have you been exposed to any COVID-19 Containment Zone in the last 30 days?	YES NO
3.	Do you live in a Containment Zone?	YES NO
4.	Has anyone in your family, including you, been infected or suffered from COVID-19 in the last 30 days?	YES NO
5.	Have you or any member of your household, travelled by sea or air internationally or domestically within the past 30 days?	YES NO
6.	At present, do you have any symptoms of Diabetes, Hypertension, Asthma, Fever, Cough, Cold and / or diseases related to Lungs, Heart and Respiratory Ailments?	YES NO
7.	Are you suffering from Cancer or Arthritis and / or are taking medicines or steroids for the same?	YES NO
8.	You have to provide a Medical Fitness Certificate issued within 5 days prior to the start of the course, stating that you do not present any COVID-19 symptoms and that you do not suffer from any other illness. Will you be able to provide such a certificate?	YES NO
9.	Does your family support you in your joining this course and will they be able to come to Palghar to help you should an emergency situation arises?	YES NO
10	. You will have to wash your own clothes and utensils. Will you be able to do so?	YES NO
11	. Will you be able to manage a private vehicle to reach the centre and return home after the completion of the course?	YES NO
12	. Students are being accommodated in single rooms only. Will you be able to stay alone?	YES NO
13	. During examination upon arrival at the centre, if you display any symptoms mentioned in Question 6 above, you will not be allowed to participate in the course and will be sent back. Do you agree to this?	YES NO

14. During the course, if you start showing COVID-19 type symptoms, you will have to inform the course management immediately and cooperate with following COVID-19 related guidelines provided by the Government. Do you agree to this?	YES NO
15. For Female Students: Pregnant Ladies are not permitted to attend courses during pregnancy as per the current COVID-19 pandemic emergency	YES NO

guidelines. Are you pregnant?

With the above pronouncements as true, I hereby declare the following and state that:

I am fully and personally responsible for my own safety and actions while and during my participation of this Vipassana Meditation course and recognize that I may be in any case at risk of contracting COVID-19.

With full knowledge of this risk involved, I hereby release, waive, and discharge Dhamma Vatika, Palghar Vipassana Centre, its Trustees, Board, Officers, Affiliates, Employees, Teachers, and assigns them from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly, arising out of or related to any loss, damage, injury or death, that may be sustained by me in relation to COVID-19 while participating in any activity while in, on, around the premises, while using the facilities, and while traveling to and from the Centre and my place of residence as listed above, that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend and hold harmless the Dhamma Vatika Palghar Vipassana Centre from and against any and all costs, expense, damages, lawsuits and/or liabilities arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19 subsequent to my participation in the Vipassana Meditation Course.

By signing below, I acknowledge that I have read the foregoing liability release waivers above and understand its contents, that I am at least 21 years of age and fully competent to give my consent; that I have been sufficiently informed of the risks involved, and give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, free from any inducement or representation. This Waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

<b>EMERGENCY CONTACTS</b>	:	
Emergency Contact 1	Name:	Relation:
	Contact No.:	
Emergency Contact 2	Name:	Relation:
	Contact No.:	
Student / Server Full Na Contact No. & En		
Date: Place:		Signature