

**DECLARATION & UNDERTAKING FORM**

**Name** \_\_\_\_\_ **Org** \_\_\_\_\_

**Address** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Email** \_\_\_\_\_

I am engaged in attending Workshop as part of my research / work. I understand that the Workshop involve various aspects of working which includes the use of both manual and electrically powered tools, equipment and machinery. I am aware of and understand the possibilities of serious injury and accidents from using any Workshop related tools and related materials, and I agree to obey standard safety rules and practices while using or operating tools and I agree to use or operate them in an otherwise safe manner. I also agree to refrain from using any tools for which I have not had proper instruction or extensive prior experience and feel able to operate in a safe, competent manner. I represent that I have the skill and training necessary to keep myself and others safe when I use the tools. I also understand that I may be asked by the technician/instructor/mentor/coach not to operate certain machines, tools, and/or equipment during and hereby agree to follow the technician/instructor's/Coach/Mentor request(s). I understand and agree to use safety equipment such as safety glasses and or face shields at all times while operating acid areas and all other Workshop machinery and equipment. I also agree not to operate or use any equipment in the Workshop without an instructor/mentor/coach present. I hereby assume the risk and responsibility of any and all injuries that I may sustain or cause in the pursuit of any activities while on the premises. Also, I hereby release and forever discharge and agree to defend and hold harmless CEPT University Workshop its mentors, parents, coaches, school administrators and any of its employees or instructors/mentors/coaches from any actions, suits, damages, claims or judgments that may result from any personal injury I may sustain or that I may cause while on the premises of Workshop, CEPT University, Ahmedabad and any other locations we work while engaged in the activities specified above. I also understand that I am responsible for paying all costs resulting from medical treatment received as a consequence of using Workshop presses and equipment.

**Signature of the Candidate** \_\_\_\_\_ **Date:** \_\_\_\_\_