

Student Services Office

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INDEMNITY FORM - Field Trip in Group			
Course Title	Instructor		
No. of students going for Field Trip	Term/Year		
Field Trip Purpose	Field Trip Location		
Emergency Contact Details for one of the group members			
Student Name	Code No		
CEPT Email ID	Contact No.		
Name of Program	Faculty of		
Name of Contact Person during Emergency			
Relationship to Student	Contact No.		
Address			

I HEREBY GIVE MY CONSENT FOR ANY MEDICAL TREATMENT THAT MAY BE REQUIRED DURING MY PARTICIPATION WITH THE UNDERSTANDING THAT THE COST OF ANY SUCH TREATMENT WILL BE MY RESPONSIBILITY.

IN CONSIDERATION of the CEPT University permitting the Student to participate in the Field Trip, the Student, on behalf of himself or herself and his or her heirs, successors and personal representatives, hereby irrevocably and unconditionally agrees to be bound by the following:

- a) DISCLAIMER: CEPT University, and/or any of its employees, affiliates and/or assigns shall not be responsible for any injury, including death, suffered by the Student and/or any other person, or for any loss or injury to property of the Student and/or any other person, at any time for any reason whatsoever.
- **b) RELEASE:** The Student shall behave responsibly and take all appropriate precautions, and assume all risks in connection with the Field Trip. (S)he hereby releases CEPT University from any and all actions, causes of action, claims or demands of whatsoever kind and howsoever arising relating to the Field Trip.
- **c) INDEMNITY:** The Student does hereby covenant and agree with CEPT University that the Student will, at all times hereafter, indemnify and save harmless CEPT University, including its employees, affiliates and/or assigns and each of them from all suits, actions, causes of action, claims or demands of whatsoever kind and howsoever arising, which may be made or brought against CEPT University in any way arising out of the participation of the Student in the Field Trip or otherwise arising, including the costs of defending any such suits, actions or claims on a substantial indemnity basis.

By initialing, the Student acknowledges that he or she has read and understands the above clauses (a, b, c).

(Please list below the details of all the students going for the above mentioned field trip)

Sr. No.	Name of Student	Code No.	Signature
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Instructo	r's Sign.		Date