

COVID 19 Liability Release Waivers

I_(Name)_____

declare as follows:

1. I am under the age of 75 years.
2. For females. I am pregnant/not pregnant.
3. Since last 15 days, no one in my family including me has been infected/suffered from COVID 19.
4. I have not, nor any member(s) of my household, travelled by sea or by air, internationally within the past 15 days.
5. I am not having fever, cough, cold or any influenza like symptoms since last ten days.
6. I am not suffering from Cardiac or Respiratory diseases e.g. Asthama.
7. I am having Diabetes/Hypertension, and according to my doctor, it is under control with my regular medication and that I am fit to sit for entire duration of Vipassana meditation course.
8. I am not suffering from Cancer or Arthritis and I am not taking any medicines and Steroids for the same.
9. During examination while arriving at the centre, if I have any symptoms as mentioned in point no. 5, I am aware that I will not be able to attend the course.
10. I agree to abide by all the guidelines provided by the Government to Dhamma Vipula Meditation Centre.

I have performed the RT-PCR for COVID-19 test two days prior to the starting of the course and result of the test is negative. I have submitted copy of the same.

I am willing to undergo “Antigen Test” which will be performed on me at Dhamma Vipula and I understand if the test is negative then only I will be able to attend the course or will have to follow the guidelines of NMMC.

Following the pronouncements above I hereby declare the following:

- I am taking this course out of my free will. I will be solely responsible for my health and safety.

- I along with my family agree to indemnify, Dhamma Vipula Meditation Centre, Navi Mumbai, its Trustees, Board, Officers, Affiliates, Employees, Teachers, Servers from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims 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.

By signing below I acknowledge that I have read the foregoing 'liability release waiver' and understand its contents; that I am at least 21 years old and fully competent to give my consent; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give voluntary consent in signing this 'Liability Release Waiver' as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

The trust holds complete rights to enforce removal of students, anytime during the course, as they may deem necessary. I will co-operate with them.

Full Name:

Phone No.:

Emergency Contact Name:

Emergency Contact No.:

Signature:

Date signed: