

EDTERRA EDVENTURES REGISTRATION FORM

'Learn The Secrets of Shaolin Kung-Fu'

Please attach two
passport size
photographs here

PERSONAL INFORMATION

Participant's Full Name:

Sex: Male / Female

Date of Birth:

Nationality:

Blood Type:

Parent/ Guardian Information:

Parent's/Guardian's Full Name:

Relation with the participant:

Full Address:

Telephone:

Office:

Home:

Mobile:

Email:

HEALTH HISTORY

Is the participant suffering from any medical condition? YES / NO

Is the participant under any form of medication? YES / NO

If you answered yes to either of the above questions, please state the medical condition **in detail** and provide the necessary medicines to EdTerra Edventures' representative, duly labeled with the participant's name and with clear instructions about the dose or application. (use additional sheet below if required)

Is the participant allergic to anything? If yes, describe the allergy and the treatment provided.

Please use the space below to provide EdTerra with any other health information that may be beneficial for the participant during this trip. This will enable EdTerra to make any reasonable necessary individual arrangements for participants. (use additional sheet below if required)

GENERAL INFORMATION

Payments:

The full tour fee has to be submitted along with the registration form to the address below. Payments should be made in the form of a cheque or a draft, drawn in favour of EdTerra Edventures and payable at New Delhi.

Attached please find a cheque/draft No. _____ of Rs.11,500/- (Rupees eleven-thousand five hundred only) drawn in favour of 'EdTerra Edventures', _____ bank, dated _____.

Cancellations, Refunds & Deposits:

If the tour is cancelled by us, you will be credited a full refund. If you cancel and you have contacted (in writing) our office at least two weeks in advance of the tour date, we will deduct Rs.1000/- and refund the money paid. If you cancel within two weeks of the tour date there will be no refund. All cancellations need to be made in writing and mailed to our address or emailed to us at info@edterra.com

Permission & Liability Waiver:

Participant, _____, has full permission to participate in EdTerra Edventures' "Learn the Secrets of Shaolin Kung-Fu" camp during 29 September to 4 October 2009.

I, _____, as parent/legal guardian, do hereby grant the EdTerra Edventures staff and designated adults the right to authorize emergency medical treatment for my participant in the event that I or my designated representative cannot be reached.

I hereby grant permission to the staff of EdTerra Edventures and designated adults the right to take whatever steps may be necessary to obtain emergency treatment for my participant, should the situation arise. These steps may include, but are not limited to, the following:

In a life-threatening emergency or urgent situation, a staff member may call for medical assistance before making any attempt to contact the parents/guardians.

For a non-life-threatening emergency, they will attempt to call the parent/guardian first, and if they cannot reach them, they will attempt to contact the emergency contact listed in the form. If they can't make an appropriate contact, they will call paramedics.

I understand that EdTerra Edventures and its staff members will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of application.

Publicity Release:

I authorize EdTerra Edventures to use photographs, video or other images of my participant for public relations or marketing purposes.

Indemnity:

The participant including his/her guardian/parents agree to indemnify, defend or hold EdTerra Edventures and the school harmless from and against any and all loss (physical or material), damage, liability and expense (including reasonable attorney's fees and costs) arising directly or indirectly (including any third party claim, action or proceedings) out of the acts of omission or commission (including breach or alleged breach or failure to comply with any applicable laws or regulations) by the school or EdTerra Edventures or its agents.

Name & Signature of Parent/Guardian 1:

Date :

Name & Signature of Parent/Guardian 2:

Date:

RETURN THIS FORM & PAYMENT TO: 302 Ila Apartments, Vasundhara Enclave, Delhi 96

HEALTH HISTORY (additional information)

If you answered yes to either of the first two questions in the Health History section of this registration form, please state the medical condition **in detail** and provide the necessary medicines to EdTerra Edventures' representative, duly labeled with the participant's name and with clear instructions about the dose or application.

Is there any other health-related information that is medically necessary which EdTerra Edventures should be made aware of?

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