Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti

Release of Liability and Indemnity

Adventures with KD & Friends / Congregation for Sacred Practices
Wilmington, Delaware, USA

First Name: _____ Last Name: _____

Address:

_____

City: _____ Country: _____

Zip/Postal Code: _____ Nationality: _____

Telephone: _____ Email: _____

The following is for the express benefit of Adventures with KD & Friends / Congregation for Sacred Practices and anyone else utilized with respect to the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti and all of their respective employees, assistants, principals, owners, agents and advisors (collectively, "Protected Parties"). As with any travel, we advise you that you should seriously consider the following in light of this trip and your particular needs. Please note we are making no recommendations with respect to any of the following but merely calling these items to your attention for your own particular consideration in light of your needs and experience.

(i) Consult your medical advisors with respect to immunizations, prophylaxis and medication needs;

(ii) Consider travel, medical and medical evacuation or other insurance.

Given the nature of the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti and India, and related travel, food and other conditions, we bear no responsibility for any decision you may make with respect to the foregoing. Please let us know of any pre-existing medical conditions and emergency contact information:

Medical Conditions:

_____

Emergency Contact Name: _____

Telephone: _____

1. Obligations

By signing below I agree to abide by all the policies and advice of Adventures with KD & Friends / Congregation for Sacred Practices and its advisors and other providers with respect to the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti. If any equipment is damaged or lost through my carelessness or negligence I agree that I may be held responsible for some or all of the cost of repair or replacement. I also agree that I may be held responsible for any third-party damages or loss as a result of my participation in the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti. I agree to observe all the statutory laws including safety measures, rights-of-way or

known hazards.

2. Assumption of Risks

I acknowledge that all activities involve inherent risks and dangers. My understanding extends to hazards created by road, food or lodging conditions, weather or water conditions. Furthermore, I agree that my participation in the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti is for personal enrichment and I freely agree to accept and fully assume all risks of personal injury, death, property loss or damage, resulting from my participation. I am solely responsible for the safety of my person and property and none of the Protected Parties accepts any responsibility for my use of its equipment or programs.

3. Waiver and Release from Liability

I hereby waive and abandon any and all claims of whatsoever nature that I or any of my dependants may now and in the future have against any Protected Party for losses, injuries, damages or compensation arising as a result of my death or personal injury or my participation in the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti. I furthermore understand, acknowledge and accept that no Protected Party is or will be responsible for any loss or damage of my personal belongings and/or valuables (including money) howsoever caused.

4. Indemnity

I indemnify each Protected Party against all claims made against or expenses incurred by any Protected Party arising out of my participation in the Sacred India: A Mystical Pilgrimage Through the Paths of Krishna-Shiva-Shakti.

This agreement shall be governed by the laws of the State of Delaware. Adventures with KD & Friends / Congregation for Sacred Practices is incorporated in the State of Delaware. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

I confirm that I have carefully read and understood these conditions and agree that this instrument will be binding on my heirs or successors as well as myself. By signing electronically below, I acknowledge that my electronic signature has the same legal effect as a handwritten signature.

Name: _____ Signature: _____

Date: _____ Place: _____