





7. Disclaimer:

I, \_\_\_\_\_, agree that in the circumstance of injury or personal safety Sambhali Trust takes all care but no responsibility for incidents that may occur and I will be responsible for my own health insurance costs and any other forms of insurance I may require. Sambhali Trust will not be liable for any claims or expenses arising from circumstances beyond their control, this includes acts of force majeure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

8. Travel documentation:

I, \_\_\_\_\_, confirm that I have health/travel insurance for the period of time I will be involved in the Sambhali Project.

My policy is under: \_\_\_\_\_

and my policy number is: \_\_\_\_\_

date of issue: \_\_\_\_\_ period covered: \_\_\_\_\_

My passport number is: \_\_\_\_\_ country of issue: \_\_\_\_\_

date of issue: \_\_\_\_\_ expiration: \_\_\_\_\_

My Indian Visa number is: \_\_\_\_\_ date of expiry: \_\_\_\_\_

date of issue: \_\_\_\_\_ place of issue: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date