



AFFIDAVIT

TEXT OF THE INDEMNITY, WAIVER AND DECLARATION FORM

I _____ S/o _____

Address _____

_____ Pin _____

here by make an application to participate in the Rally of Chamba 2023 and certify that the particulars of my vehicle as given in the Entry Form are correct, that I/We have read the Supplementary Regulations issued by the Organizers for the Rally and agree to be bound by them and by the International Sporting Code of the FIA / FIM and National Competition Rules of the ASN, as well as the undertaking on this form.

Declaration

I am fully conversant with the risks associated with motorsport in general and the RALLY OF CHAMBA 2023 specifically. I accept that this event is potentially dangerous and uses roads that involve risk – presented as a challenge.

I understand that participation in the RALLY OF CHAMBA 2023, specifically can lead to injury, even leading up to DEATH, as a result of my participation and I / we accept these risks completely and indemnify the organizers in the following para against any claim made whatsoever.

I have read the Regulations issued for this event and agree to be bound by them. In consideration of the acceptance of the entry of this automobile to take part in this event, and in the event that any part of this event does not take place on a public road, I agree to save harmless and keep indemnified the Government, the FMSCI, the Organizers - Chamba Motorsport, the FIA and their officials, the Sponsors, agents, representatives, employees and all persons assisting them in this event and all owners and tenants of private property traversed by this event, from and against all actions, claims, cost, expenses and demands in respect of death or injury to myself or any other person or persons, or loss or damage to any property including the automobile concerned, in this event, even if any or otherwise howsoever and notwithstanding that the same may have been contributed to or occasioned by the efforts, consequential or otherwise, of the organizers and their officials, agents, representatives, employees and all persons assisting them in this event. The indemnity shall be binding on my heirs, assigns, executors and legal representatives.

For the part of the event run on public roads I declare I have the necessary insurance which covers me, my vehicle and passengers and thereby absolve the promoters, organizers and all related personnel from all liability whatsoever.

I declare that we, the drivers, possess the standard competence necessary for an event of this type to which this entry relates, also that the vehicle is suitable and race worthy for the event. I agree and undertake to abide by the Rules and Regulations framed for this event including the conditions precedent set out therein and all other Rules and Regulations which may hereinafter be framed.

I accept that though every effort will be made for ensuring my safety on the **RALLY OF CHAMBA 2023**, it **may NOT always be possible to undertake the following:**

- To evacuate me by air ambulance due to any reason whatsoever,
- To ensure the evacuation to nearest medical care after an accident will be undertaken with a lifesaving ambulance but surely with whatever means that are quickest, irrespective of their quality of comfort etc,
- To provide advanced surgery and health care facilities on the route itself, and evacuation to the nearest medical facility may take any number of hours
- To stop ROC traffic instantly in order to start an evacuation against oncoming cars / two wheelers,
- To guarantee that no oncoming traffic may be the cause of injuries / death to my person,
- To guarantee safety from terrorist activity.

I/ We are not suffering from any bronchial diseases like asthma, hypertension, hemophilia or epilepsy and are taking part in the RALLY OF CHAMBA 2023 after understanding the risks associated with the effects of any risks and resultant consequences thereof. **We also understand that the consumption of alcohol and/ or psychotropic substances are not permitted in RALLY OF CHAMBA 2023 and we agree to be excluded from the event if found, during the actual running of the event, to have consumed the above.**

Further we understand that the consumption of above mentioned substances is extremely harmful and can lead to/ aggravate the onset of Sickness which may even cause death.

I/We also indemnify Chamba Motorsport against any defects in the venue, hidden or exposed, variations to the competition track marked/ laid-out/ indicated by them or any decisions, under pressure of time/ events, made by them during the RALLY OF CHAMBA, 2023. I acknowledge and agree that if required, the organizers may arrange medical or hospital treatment (including ambulance transportation) for me. I authorize such actions being taken by them and agree to meet all costs and expenses associated with such action. I understand and accept that it is compulsory for me to have medical insurance in some form and I accept responsibility for the cost of medical expenses that may exceed the cover provided by my insurance. The indemnity shall be binding on my heirs, executors and legal representatives.

I/We agree and undertake not to agitate, litigate or seek the decision of a Court of Law on any matter of question concerning or relating to the RALLY OF CHAMBA 2023 or Chamba Motorsport commencing from the submission of the entry up to the conclusion of the event and declaration or distribution of prizes.

Finally, I/We hereby acknowledge that I/We am/are fully conversant with the risk and dangers, including injuries leading up to death, that are prevalent in Motor Sports in general and the RALLY OF CHAMBA, 2023 in particular, which I/We assume hereby.

Signature of the Driver

Signature of the Co-Driver

Name of Parent/Guardian

Full Address

WITNESS 1. _____

WITNESS 2. _____

IMPORTANT

- The text above must be copied verbatim to stamp paper of Rs. 100/- value and signed **INDIVIDUALLY** by each competitor. Stamp paper attested by Notary.

- Any indemnity and/or declaration as prescribed by the paragraphs above if signed by a person under the age of 21 years, shall be countersigned by that person's parent or guardian whose full name and address shall be given.