

Kishori Yatra Girl's Summer Trip

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Beginning Date: _____ Ending Date: _____

Registration Form

Your parents must fill out the "Consent & Medical Release" form and sign this form in the presence of a notary public.

Participant's Legal Name: _____

Participant's Spiritual Name: _____

Address: _____

City: _____ State/Prov. _____ Postal code/ZIP: _____

Phone - Home: _____ Cell: _____

Participant's Email (if applicable): _____

Participant's Date of birth: _____
(MM/DD/YY)

Participant's known allergies / medications: _____

Parent(s) Legal Name(s): _____

Parent(s) Spiritual Name(s): _____

Parent's Phone - Home: _____ Cell: _____

Parent's Email: _____

Consent Agreement for Participant:

I am voluntarily participating in the girls' tour operated by Jaya Radhe Kaseder, hereafter referred to as "the organizer". I have been fully informed of the nature and extent of the activities to be performed by myself and the responsibilities of the organizer and their staff during the program, and acknowledge that I am participating at my own risk.

I understand that the organizer and staff put a lot of effort into making the trip safe for everyone, which requires that all participants follow basic group norms. I promise to follow the below group norms for the duration of the trip:

- **Four regulative principles:** no meat eating, no gambling, no intoxication, and no unnecessarily close association with boys.

- **Follow instructions.** The organizers often have to make decisions that are in the best interest and safety of the group, and I will follow their instructions.

- **Help out wherever help is needed.** I understand that the organizers volunteer their time and energy to organize this tour, that they don't get paid to do this, and I promise to help out with chores and services as needed.

I agree to follow all of the above terms and conditions throughout the tour and will be on my best behavior. I understand that if I choose not to follow the above I may be asked to leave the tour without refund of my tour donation.

Signature of Kishori Yatra Tour Participant

(Minor does not need to sign in the presence of a notary.)

Consent, Hold Harmless & Medical Release Form:

Minor Child's Legal Name

Date of Birth: (MM/DD/YY)

We hereby declare that we are the parents/legal guardian(s) of the minor child named above.

Release and Hold Harmless Agreement:

We are voluntarily enrolling our child in a travel program operated by Jaya Radhe Kaseder, hereafter referred to as "the organizer" or "the organization". We understand that our child will be traveling throughout the USA, Canada, and Mexico, to visit our Hare Krishna temples. We have been informed about the nature and extent of the activities to be performed by our child and the responsibilities of the organizer and her staff during the program, and acknowledge that we are enrolling our child at our own risk.

The organizers shall not be liable for any damages arising from personal injuries sustained by our child while participating in any aspect of the summer tour. We assume full responsibility for all injuries and/or damages which result from activities performed by our child during this travel program.

In consideration of acceptance of our child in this summer tour, we, intending to be legally bound, do hereby waive, release, and forever discharge any and all causes of action, suits, rights and claims against the organizer, and against their staff, officers, directors, agents, successors, and assigns, for damages or injuries sustained by our child while participating in any activities of the tour, whether such activities take place on the premises or property of the organizer, or traveling to and from the premises, properties or other festival locations of the organizer.

We agree to indemnify, defend, and hold harmless the organizer, her staff, officers, directors, agents, successors, and assigns from any and all claims, demands, expenses and liabilities, whether for personal injury, death, property damage, violations of law, or otherwise, which in any way arise out of the activities of our child while our child is enrolled with this travel program.

Medical Release in Case of Emergencies:

Further, we hereby give our consent to the organizer including, but not limited to the individuals Jaya Radhe Kaseder, Lalita Pourchot-Leslie, Ananda Logan, Jahnava Rico, Sharon Day, or Nadiya Darling in the event that all reasonable attempts to contact us have been unsuccessful, to take and to authorize any action the organizer deems necessary to help our child in the event of a medical emergency, including 1) The administration of any treatment deemed necessary by a licensed physician or dentist, and: 2) The transfer of our child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

We hereby release and discharge the organizer, its agents, employees and officers, from all claims, demands, actions or judgments which the undersigned ever had, now has, or may have against the organization, its successors or assigns, for all personal injuries or illnesses, known or unknown, which our child named above may suffer or incur as a result of the actions of the organizers procuring emergency treatment.

This release shall be effective as of the date below, and shall remain in force as long as our child named herein is physically present under the charge of a staff member of the organization, unless sooner revoked in writing delivered to an agent of the organization. We understand that we shall be responsible for costs incurred in any emergency medical care of our child.

Signature Lines for Parent(s) or Legal Guardian(s):

(Signature / Relationship to Participant) Date (MM/DD/YY)

(Signature / Relationship to Participant) Date (MM/DD/YY)

PLEASE NOTE: Wait to sign this form in the presence of a notary public (or a legal witness).
NOTARY PUBLIC: The participant is a minor under the age of 18. Please use space below to witness and notarize the signature of above minor's parent(s) or legal guardian(s).

Stamp and Seal of Notary Public: (Notary Public, please read note above.)