



Sylvan Paradise

Tours & Travels ©

A get-away-from-it-all experience

Carbery Acres Jungle Retreat & Adventure Park, Kunja Grant, P.O. Kulhal,

Distt. Dehradun - 248001 UK India

CONSENT/LIABILITY WAIVER FORM Dated:

- I _____ wish participate/ wish to send my son/daughter/ward _____ Date of Birth: _____ to participate at the Camp organized by Sylvan Paradise Tours & Travels at Carbery Acres Jungle Retreat & Adventure Park, Kunja Grant, P.O. Kulhal Distt. Dehradun - 248001 UK India / _____.
 Fromto.....
 Fromto
- I am enclosing cash/cheque of Rs.- only in favour of Sylvan Paradise Tours & Travels towards the cost of the trip.
 Cheque #: _____ Date _____ Bank Name _____
- I confirm that no withdrawal/cancellation will be done by me after paying for the trip.
- I attest that my/my child’s/ward’s health is good and I/he/she is fit to undertake & participate in the camp/camp activities.
- I am aware of the fact that the camp operators have & will take all normal precautions to ensure the safety of myself/my child/ward and as such, I/my child/ward, or I, on behalf of my child/ward will not hold Sylvan Paradise Tours and Travels, or Carbery Acres Jungle Retreat & Adventure Park/any individual responsible for any mishap during the aforesaid camp and/or travel to and from it.
- Sylvan Paradise Tours & Travels & Carbery Acres Jungle Retreat & Adventure Park are permitted to take strict disciplinary action against me/my child/ward, if I/my child/ward is found indulging in any acts of indiscipline or endangering others.
- Parent/Guardian/Staff will accompany children/wards at all times during the camp.

Cost Includes: All meals – All Chosen On-Campus Activities - Boarding – Lodging – Facilitating Staff for chosen activities.

Cost does not include: Expenses and services of any personal nature/telephone calls/ meals/refreshments/snacks from the canteen, any other costs not specified and any service not mentioned in the “Cost Includes” list.

(PLEASE ENTER TEXT CLEARLY USING CAPITAL LETTERS ONLY)

Name of Self/Parent/Guardian of a minor child/ward: _____

Name of the minor child/ward: _____

Postal Address: _____

Email ID: _____

Phone #: _____

Signature of Self/Parent/Guardian (of minor child/ward) _____