Registration for Dharma Yatra 2020 in Germany

This registration form is obligatory for the full participation in the Dharma Yatra. Please read carefully through and make sure the given information is correct.

Please read through the Exclusion of Liability. By sending this form back to us with the wish to register to the Dharma Yatra 2020, you confirm that you took notice of all points mentioned in this text.

|  |  |
| --- | --- |
| First name, Surname |  |
| Age |  |
| Full address |  |
| My email address |  |
| My phone number |  |
| Emergency contact (Name, Address, Phone number with country number) |  |
| Child 1 – age and name (optional) |  |
| Child 2 - age and name (optional) |  |
| Child 3 - age and name (optional) |  |
| Do you or any family member present on the yatra have any allergies, including food allergies? |  |
| Do you or any family member present on the Yatra take any medication? |  |

Exclusion of Liability

**The Dharma Yatra is not an Association.**

Every participant takes **full responsibility** to arrange their **own liability insurance as well as health insurance** for the Yatra and for any children who accompany you.

Understanding this, I hereby agree, ​

* That the Dharma Yatra and teachers are **not responsible**, nor liable in any way for any accidents, acts of nature or unforeseen circumstances that cause any harm, pain or worse to myself or a child or children, who accompany me.
* To take **full responsibility for myself and children** in my care for the full duration of the yatra and the travel to and from the location.
* That I will make sure to **bring all items necessary to ensure** my personal health and the health of eventual family members who come with me to the Yatra.
* That I will clarify before the Yatra with my **health insurance** what happens in the case of an emergency. I will make sure that I and eventual minors are **financially fully covered** in a case of medical emergency.
* I assure that **I will bring details of my health insurance** with me, like international phone number, insurance number, and name of health insurance, so that the organizers can get into contact in the case of emergency.

By clicking this checkbox, I confirm, that I read all the above information and agree with the conditions of participation.

Date:

Name: