

**NĀMARŪPA YĀTRĀ - Release of Liability and Indemnity.**  
NĀMARŪPA LLC, P.O.Box 271, Dublin, NH 03444 USA

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Nationality: \_\_\_\_\_

The following is for the express benefit of Nāmarūpa and anyone else that Nāmarūpa utilizes with respect to the Yātrā and all of its and their respective employees, assistants, principals, owners, agents and advisors (collectively, “Protected Parties”). As with any travel, we advise you that you should seriously consider the following in light of this trip and your particular needs. Please note we are making no recommendations with respect to any of the following but merely calling these items to your attention for your own particular consideration in light of your needs and experience.

- (i) Consult your medical advisors with respect to immunizations, prophylaxis and medication needs;
- (ii) Consider travel, medical and medical evacuation or other insurance.

Given the nature of the Yātrā and India, and related travel, food and other conditions, we bear no responsibility for any decision you may make with respect to the foregoing. Please let us know of any pre-existing medical conditions and emergency contact information:

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**1: Obligations:** By signing below I agree to abide by all the policies and advice of Nāmarūpa and its advisors and other providers with respect to the Yātrā. If any equipment is damaged or lost through my carelessness or negligence I agree that I may be held responsible for some or all of the cost of repair or replacement. I also agree that I may be held responsible for any third-party damages or loss as a result of my participation in the Nāmarūpa. I agree to observe all the statutory laws including safety measures, rights-of-way or known hazards.

**2: Assumption of Risks:** I acknowledge that all activities involve inherent risks and dangers. My understanding extends to hazards created by road, food or lodging conditions, weather or water conditions. Furthermore, I agree that my participation in the Yātrā is for personal enjoyment and I freely agree to accept and fully assume all risks of personal injury, death, property loss or damage, resulting from my participation. I am solely responsible for the safety of my person and property and none of the Protected Parties accepts any responsibility for my use of its equipment or programs.

**3: Waiver & Release from Liability** I hereby waive and abandon any and all claims of whatsoever nature that I or any of my dependants may now and in the future have against any Protected Party for losses, injuries, damages or compensation arising as a result of my death or personal injury or my participation in the Yātrā I furthermore understand, acknowledge and accept that no Protected Party is or will be responsible for any loss or damage of my personal belongings and/or valuables (including money) howsoever caused.

**4: Indemnity:** I indemnify each Protected Party against all claims made against or expenses incurred by any Protected Party arising out of my participation in the Yātrā.

This agreement shall be governed by the laws of New Hampshire. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

**I confirm that I have carefully read and understood these conditions and agree that this instrument will be binding on my heirs or successors as well as myself.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

After downloading and signing please return via mail to: NĀMARŪPA LLC, P.O.Box 271, Dublin, NH 03444, USA  
You may also fill in this PDF and sign digitally or scan/photo a signed copy and return by email to: info@namarupa.org