

DEFENCE SERVICES OFFICERS INSTITUTE
DHAULA KUAN NEW DELHI 110010

GENERAL CONDITION

Usage of The DSOI Swimming Pool is at your own risk. DSOI management will not be responsible under any circumstances for any injuries that may be caused or any loss of property that may be occasional pursuant to the use of DSOI Swimming Pool.

UNDERTAKING BY MEMBER

I have read and understood the rules and regulations pertaining to DSOI Swimming Pool.

I confirm that I do not suffer from any kind of skin disease or any spreadable or communicable disease.

I the undersigned hereby undertake to follow the laid down rules and regulations of the DSOI Swimming Pool at my own risk.

RELEASE

I hereby release DSOI Swimming Pool, its officers and employees from any or all claims, actions, costs, losses, expenses and/or damage, including attorney's fees, that I might have now or in future for any injuries or damage arising out of or in any manner resulting from my use of Swimming facilities in the DSOI Swimming Pool. Such release is to be binding upon my heirs, successors and assigns. I am fully acknowledgeable as to the proper use of these facilities as well as to my own physical limitations and I agree to indemnify and keep indemnified the Management of the DSOI against any and all claims whatsoever or loss of damage to property whatsoever.

Spouse/Dependents :

	<u>Name</u>	<u>Date of Birth</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Signature of Member

Date: _____ Rank & Name of Member : _____

Place: _____ Mem No : _____

Medical Certificate

This is to certify that the above mentioned persons are not suffering from any skin disease or contagious disease.

Signature of the Medical Officer with Stamp

Date _____

Res Address/ Tel No

Dues cleared upto _____