

SWIMMING POOL INDEMNITY BOND

(On Rs. 10/- Stamp Paper Duly Attested by Notary Public)

To,
The Principal
Salwan Public School,
Sector 15-II, Gurugram

I, _____ (Name of Parent/Guardian), residing at
_____ (Address), Mobile No.
_____, being the Self/Legal/Natural guardian of my ward,
_____ (Name of Student), of Class/Section
_____, hereby grant permission for my ward to use the swimming pool at Salwan
Public School, Sector 15-II, Gurugram for swimming and/or learning to swim.

In granting this permission, I explicitly understand, agree to, and undertake the following:

1. I understand and acknowledge that swimming inherently involves certain risks of injury, including but not limited to drowning, slips, falls, collisions, and other accidents. Despite all reasonable safety precautions taken by the School. I voluntarily assume all such risks on behalf of my ward.
2. I hereby irrevocably and unconditionally agree to indemnify, defend, and hold harmless Salwan Public School, its management, Principal, teachers, employees, agents, and representatives (hereinafter collectively referred to as "the Indemnified Parties") from and against any and all claims, demands, actions, suits, losses, damages (including direct, indirect, consequential, and special damages), liabilities, costs, expenses (including legal fees and expenses on a full indemnity basis), or judgments of any nature whatsoever that may arise out of or in any way be connected with:
 - a. My ward's participation in swimming activities at the School's swimming pool.
 - b. Any injury (including fatal injury), loss, or damage to property sustained by my ward while using the swimming pool or during swimming lessons, irrespective of whether such injury, loss, or damage is caused by negligence (excluding gross negligence or willful misconduct) on the part of the Indemnified Parties or otherwise.
 - c. Any claims made by any third party arising out of my ward's use of the swimming pool.
3. I expressly waive any right to make any claim or seek any compensation from the Indemnified Parties for any injury, loss, or damage suffered by my ward arising out of or in connection with their use of the swimming pool, except in cases where such injury, loss, or damage is directly caused by the gross negligence or willful misconduct of the Indemnified Parties.

4. I confirm that my ward is physically fit to participate in swimming activities and that I have informed the School of any medical conditions or disabilities that may affect my ward's participation. I take full responsibility for ensuring my ward adheres to all rules and regulations laid down by the School for the use of the swimming pool.

Signature of Parent/Guardian: _____

Full Name of Father/Mother/Guardian: _____

Student's Name: _____

Class & Section: _____

Phone Number: _____

Emergency Contact Number: _____

Date: _____

Place:

Witness:

1. _____ (Name, Signature, Address)

2. _____ (Name, Signature, Address)

Notary Public Attestation:
(Space for Notary Seal and Signature)