

## Authorization and Disclosure Form

Each participant must fill out the following form and mail or fax to:

Kartik Shastri  
16 Downing Road  
Lexington, MA 02421  
Fax: 831-301-6972

**One form per participant is required. If the participant is under 18 years of age, a parent or guardian must sign.**

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I, the undersigned, hold Samskrita Bharati and Arsha Vidya Gurukulam, Saylorsburg, PA, harmless for any and all liabilities arising out of my and/or my children's/ward's participation in the camp. In the event of any medical emergency, any medical help available to the organization may be used. I will be responsible for all the medical and related expenses. I, hereby, release Samskrita Bharati and Arsha Vidya Gurukulam from any and all claims.

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Name

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Participant/Parent/Guardian's Signature

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Date

I give permission to my son/daughter to participate in all camp activities. I will be responsible for transportation of my child to and from the camp. I hereby release Samskrita Bharati and its volunteers from any liability for accident or injuries that my child may incur at the Shraddhaa camp including off-site activities such as hiking, sight-seeing, etc.

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Participant/Parent/Guardian's Name

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Participant/Parent/Guardian's Signature

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Date