

International Summer School for Jain Studies

Participant Data

The sole of purpose of the following data is for emergency use only.
It will not be used for any other purpose.

Your Information:

Name: (First, Middle, Last): _____

Name of Spouse: _____

Spouse Phone Number: _____

Street Address/P.O. Box: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Name of Employer, if any: _____

Permanent Contact Information (if different from above): _____

Name of primary resident (if not yours): _____

Street Address/P.O. Box: _____

City: _____ State/Province: _____

International Summer School for Jain Studies

Street Address/P.O. Box: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Fax: _____

Email Address: _____

Dietary Restrictions, if any:

Allergies/ Current Medications, if any:

In Case emergency, notify: _____

I give permission to Mahavir Vision Inc. and its affiliates to use any of my written comments and /or photographs in which I appear as a participant in the program for public relations and/or fund-raising purpose (including brochures, magazine advertisements, web sites, videos, etc.) without remuneration.

On behalf of myself and any of my personal and/or legal representatives, I hereby release The Mahavir Vision Inc. of USA, and its affiliates in USA, Europe and In India, all staff (including the program directors), and all individual and institutional associates of the Jain Study program from liability for any personal injury (such as psychological distress, physical injury, and death) resulting from traveling from a designated city in USA to India and also travel in India by and schedule air lines, local train bus and private car and in any way stemming from political conflict in India.

I further agree that all organizers, organizations, facilitators, sponsors and supporters of this Jain Study Summer School 2006 program in North America, Europe and India will not be held liable and responsible in any shape or form, implied, or otherwise directly or indirectly, intentionally unintentionally, legally and otherwise for any claims of any kind, due to thefts, loss, dispute, grievance, complaints, accidents, deaths, medical emergencies and any other incidents, occurrences and situations arising due to participation in this Jain study program prior to, during, and after this program.

By signing below, I confirm that I fully understand and constant to all the statements and policies listed in the above Jain study program Agreement of The Mahavir Vision Inc. and all affiliated institutions.

Signature: _____

Date: _____

Printed Name: _____

Witness (1): _____

Date: _____

Witness (2): _____

Date: _____

International Summer School for Jain Studies

Passport Number: _____

Passport Expiration Date: April 10, 2015

Medical Insurance

Note: Please check with your medical Insurance provider to determine whether you have a Medical coverage in India. You will be responsible for all costs of medical care (including hospitalization) needed in India or after you return from your study trip in India. The ISSJS Director in India will make referrals regarding physicians and hospitals, but you (not the sponsors of this Study Program) will be asked to pay directly to the service providers in India. If your medical insurance provider does not cover internationally, you will need to purchase travel insurance. Please see the pre-departure travel brochure for more information.

Address: _____

Primary Policy Holder: _____

Type of coverage: _____

Phone: _____ Email: _____

I have read the statements concerning health and medical Insurance, and I understand them fully. I agree to sign the indemnity and general agreement with the sponsors. I further certify that all of the Information I have provided on this application is true, complete, and accurate, to the best of my knowledge.

Signature:

Date:

Printed Name: