

Participation Form

Details of the Driver

Name			Photograph
Date of Birth ____/____/____	Profession _____		
Name of employer	Designation		
Contact Details			
Residential Address		Office Address	
Landline No. (Resi)		Mobile Number	
Email Address			
Other Details			
License No.	Valid till		
Vehicle Reg.No:_____	In case of emergency (contact details of two people)		
Make :.....	Name 1.....		
Model:.....	Address.....		
		
Insurance Cover valid till:.....	Name 2.....		
	Address.....		
		
	Cell		
	No. 1..... 2.....		

Name		Photograph	
Date of Birth		Profession	
Name of employer		Designation	
Contact Details			
Residential Address		Office Address	
Landline No. (Resi)	Mobile Number	Email Address	
Other Details			
License No.		Valid till	
Vehicle detail Reg.No:..... Make :..... Model:..... Insurance Cover valid till:.....		In case of emergency (contact details of two people) Name 1..... 2..... 1..... 2..... Address Cell No. 1..... 2.....	
Particulars	Participant		Navigator
BLOOD GROUP			
DIABETES	Yes/No		Yes/No



Global Cultural Foundation

Liability Statement

I hereby absolve wess, its office bearers, Drive officials, event managers and sponsors of any responsibility for accidents, mishap, damage or problem caused or created during my participation in this drive. I fully understand risk in driving on highway.

It's my responsibility to abide by Traffic rules and Indian Motor Act.

I'm signing this liability form by my own with sound mind and without any external pressure.

(Signature with Mobile Number - Driver)

(Signature with Mobile Number - Navigator)

Navigator details

Name				Photograph
Date of Birth		Profession		
Name of employer		Designation		
Contact Details				
Residential Address			Office Address	
Landline No. (Resi)			Mobile Number	
Email Address				
Other Details				
License No.			Valid till	
In case of emergency (contact details)				
1		2		
1		2		
Cover valid till:.....			
			
			No. 1..... 2.....	
				Photograph
Name				
Date of Birth		Profession		
Other Details				

Signature with Mobile Number