





INDEMNITY DECLARATION FORM APPLICATION

We, the undersigned	(Driver) and	(Navigator)
and co-passengers (if any) hereby make an application to p the particulars of our vehicle as stated in the application Women's Drive Supplementary Rules and Regulations, 202 BOUND by these regulations.	forms are correct and further tha	at we have read the WIAA
DECLARATION We have read the WIAA Women's Drive Supplementary R abide by them in consideration of the acceptance of the enany) will save harmless and keep indemnified the governmorganizers WIAA the promoters, the sponsors and their dassisting in this event and all owners and tenants of private expenses, and demands in respect of death, injury to out damage to any property including the vehicle concerned in the same may have been contributed to or occasioned employees, and all persons assisting them in this event. The heirs, executors, administrators, and legal representatives.	entry of this vehicle. We agree that we tent of India, the state of Maharasht officials, agents, representatives, exproperty traversed from and against relives or our co-passengers, or an athis event or otherwise howsoever by the negligence of their officials expression in the indemnity shall be binding on our	e and our co-passengers (if tra, the FIA, the FMSCI, the employees and all persons st all actions, claims, costs, by other persons or loss or and notwithstanding that s, agents, representatives,
We agree that we and our co-passengers (if any) undertak any matter or question concerning or relating to the ral conclusion of the declaration and distribution of prizes. recourse to any arbitrator, tribunal not provided for in WIA.	ly coming from the submission of We also renounce and relinquish	the entry form up to the our rights, if any, to have
Finally, we and our co-passengers (if any) hereby acknown motor sport in general and this event in particular, for which	_	
Place:	Date:	
Signature of the Entrants: Driver		
Full Name of Driver		
Address of Driver		
AgeBlood Group	Contact No. of Driver	
Signature of Navigator	Signature of Co–Passenger	
Full Name of Navigator	Full Name	
Address of Navigator	Address	
Age Blood Group	AgeBlood Grou	p

Contact No. of Navigator