

Consent Form

Student Information	
Full Name of Student	
Enrollment Number	
Contact Number	
Email Address	
Date of Birth	
Emergency Contact Number	
Activity/Event Name	
Date/Time of Activity/Event	
Location of Activity/Event	

Parent/Guardian Information	
Full Name of Parent/Guardian	
Relationship with Student	
Contact Number	
Email Address	

Declaration by Parent/Guardian:

I, _____, as the parent/legal guardian of _____, hereby give my consent for my child to participate in the above-mentioned activity/event. I understand in the event of any incident, I agree, understand and accept that the institute, its staff, and volunteers shall not be held responsible for any incidents or accidents that may occur during the course of the activity/event.

Parent/Guardian Signature: _____

Date:

Institute's Declaration:

NIT Srinagar hereby declares that the institute shall not be liable for any incidents that may occur during the course of the activity/event.