



# INDIAN RESCUE ACADEMY

## TRAINING APPLICATION FORM

AFFIX  
PHOTO

Name (In Capital letters) \_\_\_\_\_  
Qualification \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ (Enclose proof)  
Sex Male / Female Marital Status: Single / Married  
Height: \_\_\_\_\_ Cm. Weight: \_\_\_\_\_ Kg.  
Father's / Guardians Name \_\_\_\_\_  
Telephone Nos: Mobile: \_\_\_\_\_ Land Line: \_\_\_\_\_  
Contact Address. \_\_\_\_\_  
\_\_\_\_\_

Email id \_\_\_\_\_

I certify that all the information given above and in the enclosures to this application is true to the best of my knowledge and that no information has been withheld.

Date:

Signature of Candidate.

Application must be filled in completely and accompanied with the following documents and the course fee  
a. Three passport size photographs - one pasted on the application.  
b. One stamp sized photo for Certificate..



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(For participants above the age of 16 on the date of commencement of this course, the participant must complete the following.)

To,  
The HEAD OF TRAINING,  
ITUS SPORTS AND SAFETY PVT LTD

Dear Sir,

### LETTER OF INDEMNITY

In consideration of you allowing me to participate in the IRA's aquatic Lifesaving training programme, I \_\_\_\_\_ consent to my participation in the Tarang's aquatic Lifesaving training programme and hereby indemnify you, your members, officers, and appointed instructors against any claims, suits, proceedings, damages, liabilities, costs and expenses whatsoever which may be taken or made against or incurred by you, your members, officers and appointed instructors by any reason or any injury which may arise as a result of my participation in the course.

Name of Participant \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Land line No: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of participant

This is to certify that I am medically fit and able to swim a minimum of 200 metres or more, in either front-crawl (freestyle) and/or breast stroke and am not suffering from any Medical Problem of which the teachers should be aware. (If you have any medical problem, please attach a sheet with details.)

I understand that the course involves swimming at the maximum depth of the pool and also involves assisted lifting and the use of equipment such as ropes, poles & floating aids. I accept the risks involved in this activity. I also acknowledge that the nature of the activity may involve physical contact with other participants.

Date:

Signature of Participant