



Sikh Foundation of Virginia

7250 Fairfax Station, VA 22039

SFV Seniors Program

Participant Registration Form



Name: _____

Address: _____

Age: _____ Phone (H) _____ Phone (Cell) _____

Email: _____

Primary Doctor: Name _____ Phone _____

Insurance Information:

Company Name _____ Phone _____

Emergency Contact:

Name _____ Phone _____

Indemnification of the Sikh Foundation of Virginia ("SFV"): The participant shall be legally responsible for all his/her actions while on SFV premises. In consideration for the use of the SFV premises for any activities, the participant indemnifies, releases and holds harmless the SFV Trustees, officers, members, employees, and agents from and against any and all liability, damage, expense, cause of action, suits, claims and judgments of any kind whatsoever, in any way related to or arising in connection with the use of the SFV premises by the participant.

The participant acknowledges and agrees that the SFV Trustees, officers, members, employees, and agents assume no responsibility for injury, damages, claims, causes of actions, or other liabilities, to person or property, directly or indirectly suffered by the participant. *The participant further acknowledges that activities performed at the SFV premises would not violate any applicable local, State and Federal regulations, or SFV constitution and by-laws.*

Signature _____ Date: _____