TEAM CONFIRMATION FORM  
OXFAM TRAILWALKER INDIA 2019-20, BENGALURU (9TH EDITION)  
7-9 FEBRUARY 2020

This team confirmation form contains registration details of your team. Note that Date of Birth, signature and 'Emergency Contact' are mandatory for every member. Kindly fill all the details CORRECTLY as the same will be used for certificate creation and other necessary processes. Team details mentioned here CANNOT be changed once submitted. For international participants, it is mandatory to submit a copy of your passport along with this form.

Please note that your registration fee is non-refundable as it is deemed as a donation. It is not included in your team's sponsorship pledge.

START TIME OF 100 KM EVENT: 6.00 AM, 7 FEBRUARY 2020  
START TIME OF 50 KM EVENT: 6.00 AM, 8 FEBRUARY 2020

TEAM NUMBER:  
TEAM NAME:  

TEAM MEMBERS

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>(Team Leader) DOB:</th>
<th>Phone:</th>
<th>Email ID:</th>
<th>Emergency Contact Details:</th>
<th>Sign:</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Full Name:</th>
<th>(Member B) DOB:</th>
<th>Phone:</th>
<th>Email ID:</th>
<th>Emergency Contact Details:</th>
<th>Sign:</th>
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<tr>
<th>Full Name:</th>
<th>(Member C) DOB:</th>
<th>Phone:</th>
<th>Email ID:</th>
<th>Emergency Contact Details:</th>
<th>Sign:</th>
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</table>

| Full Name:      | (Member D) DOB:             | Phone: | Email ID: | Emergency Contact Details: | Sign: |
DISCLAIMER FORM
OXFAM TRAILWALKER INDIA 2019-20, BENGALURU (9TH EDITION)
7-9 FEBRUARY 2020

TEAM NUMBER:

1. DISCLAIMER / INDEMNITY:
I, the undersigned, wish to enter Oxfam Trailwalker India 2019-20, Bengaluru. I confirm and agree that I am taking part in this event entirely at my own risk and that I will not hold the organizer of this event, any sponsor of this event or any organization or person providing medical, catering, logistical, IT or other support for this event (or any director, employee, agent or contractor of any of the foregoing or any person otherwise associated with any of the foregoing) responsible for death or any injury or for any damage to or loss or destruction of property or any other economic loss or for any consequential loss, in any such case arising from any accident or mishap or otherwise arising from or connected with this event, and whether during or after this event, in preparation for it, travelling to or from it or otherwise. I hereby confirm that I will not change the team name and bib number after I sign this form. I also agree to indemnify or reimburse the organizer of this event in respect of any additional expenses or costs incurred by the organizer of this event arising from or in connection with my participation in this event. The Organization reserves the right to change parts of the route or schedule, or cancel or suspend the event to preserve the safety of the walkers for reasons of force majeure.

2. UNDERTAKING TO RAISE SPONSORSHIP:
I, the undersigned,
(a) acknowledge that Oxfam Trailwalker India 2019-20, Bengaluru is a fundraising event, and that all teams (including those whose registration is confirmed but who do not participate in this event without giving written notice to the organizer of this event before it starts) must raise at least INR 80,000 for Oxfam India and I confirm and agree (for myself and on behalf of my teammates) that my team will raise the minimum amount before 15 January 2020.
(b) undertake that all funds raised directly or indirectly from my participation in Oxfam Trailwalker India 2019-20, Bengaluru will be paid in full to Oxfam India and that I will not seek to raise funds for any other organizations through my participation in Oxfam Trailwalker India 2019-20, Bengaluru.
(c) acknowledge that the organizer reserves the right not to accept me and/or any of my teammates in all future Oxfam Trailwalker events if we fail to raise the minimum amount required to be raised by us.

3. AGREEMENT TO GRANT RIGHTS IN RESPECT OF IMAGE AND VOICE
I, the undersigned, hereby acknowledge and agree that Oxfam India may (without reference to, and without the prior approval of, or any payment to, any person) use, in any publicity material connected with Oxfam Trailwalker (including but not limited to any of Oxfam India’s websites and Oxfam Trailwalker’s social media sites) or in connection with any of Oxfam India’s promotional or fundraising activities, any photograph, film, videotape, record or other reproduction of the image and/or voice of me, my teammates or members of my support team who take part in Oxfam Trailwalker India 2019-20, Bengaluru and its related activities.

4. PARTICIPANTS’ PERSONAL DATA
I agree that Oxfam India is permitted to collect, store and use my personal data (as defined in the Personal Data (Privacy) Ordinance) as provided by me on one or more forms (including electronically) for the purpose of or in connection with Oxfam Trailwalker India 2019-20, Bengaluru (including but not limited to the organization and promotion of and publicity for Oxfam Trailwalker India) and that such collection, storage and use are lawful in the circumstances. I further agree that Oxfam India may pass on my personal data to their agents, successors, supporting organizations and other related parties for the purpose of or in connection with Oxfam Trailwalker India 2019-20, Bengaluru only.

<table>
<thead>
<tr>
<th>Name in BLOCK LETTERS</th>
<th>Bib Color</th>
<th>Signature</th>
<th>Mobile phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader</td>
<td>A- Red</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member B</td>
<td>B- Blue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member C</td>
<td>C- Yellow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member D</td>
<td>D- Green</td>
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</tr>
</tbody>
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MEDICAL QUESTIONNAIRE
(to be filled by all team members individually)

OXFAM TRAILWALKER INDIA 2019-20, BENGALURU (9TH EDITION)
7-9 FEBRUARY 2020

The following information is required to enable medical practitioners, ambulance officers and any other persons assisting them in the event of any medical treatment or assistance, being required by you as a result of your participation, in the Oxfam Trailwalker India 2019-20, Bengaluru. This information will be kept PRIVATE AND CONFIDENTIAL and will be assessed in the event in case of a medical emergency and this questionnaire will be destroyed following the completion of the event.

Please attach a separate sheet if necessary and insert details for the questions to which you answer YES.

1. Do you have any current medical problems or conditions for which a doctor is treating you? If Yes, details…………………………………………………………………………………………………………………

2. Are you on any medication?
If Yes, details………………………………………………………………………………………………………………

3. Are you allergic to any medication?
If Yes, details………………………………………………………………………………………………………………

4. Are you hypersensitive to any insect or sting?
If Yes, details………………………………………………………………………………………………………………

5. Do you wish medical staff to be aware of any specific medical problem?
If Yes, details………………………………………………………………………………………………………………

6. Have you been examined by the physician in past 12 months by any significant medical complication? If Yes, details………………………………………………………………………………………………………………

7. Are you a carrier of Hepatitis B or any other infectious diseases?
If Yes, details………………………………………………………………………………………………………………

8. Do you wear glasses or contact lenses?
If Yes, details………………………………………………………………………………………………………………

DECLARATION, AUTHORITY AND CONSENT

I, the undersigned, wish to enter Oxfam Trailwalker India 2019-20, Bengaluru. I confirm and agree that I take part in this event entirely at my own risk and that I will not hold the organizer of this event, any sponsor of this event or any organization or person providing medical, catering, logistical, IT, or other support or services for this event (or any director, employee, agent, or contractor of any of the foregoing or any person otherwise associated with any of the foregoing) responsible for death or injury or for any damage to or loss or destruction of property or any other economic loss or for any consequential loss, in any such case arising from any accident or mishap or otherwise arising from or connected with this event, and whether during or after this event, in preparation for it, travelling to or from it or otherwise. I also agree to indemnify or reimburse the organizer of this event in respect of any additional expenses or costs incurred by the organizer of this event arising from or in connection with my participation in this event.

NAME:……………………………………………………………………………………………………………………………

DATE:……………………………………………………………………………………………………………………………

SIGNATURE:…………………………………………………………………………………………………………………