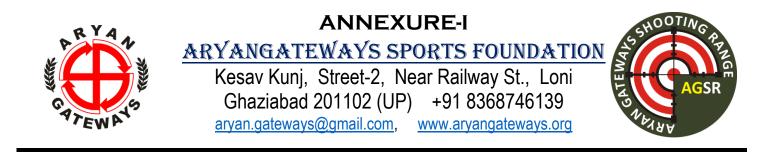
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**CONSENT FORM** 

(To be filled in by Parent / Guardian of the student under-18 yrs of age.)

□ I hereby give the permission for my child to be photographed as a winner/medalist or as part of a participating group of players in association with Aryangateways Sports Foundation.

If you do not wish your child to be photographed please tick here. [Y] [N]

□ I also confirm that I consider my child to be capable of participating in Aryangateways Sports Foundation events. I have provided medical details and consent that, in the event of an accident, the necessary treatment can be administered, which may include the use of anesthetics. I also understand that while Aryangateways Sports Foundation personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any injury suffered. Furthermore, Aryangateways Sports Foundation is not responsible for loss or damage to personal belongings.

## Parent / Legal Guardian

I.....bearing ID: .....bearing ID: ..... consent to the above Aryangateways Sports Foundation conditions and that (name of child) .....can receive medical treatment as required. I undertake to inform Aryangateways Sports Foundation should any of the information contained in this form change.

Dated: Place:													
						S	ignat	ure	Pare	nt/G	uardi	an	
	Aadhaar	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х

\*\* AGSF will not disclose information about you to anyone outside the foundation unless the law permits

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