



## **Program Schedule for Manesar(amity campus) , Parasailing event**

**Timings : 1 – 6 30 pm**

1300 Hrs : Arrival , Introduction  
1315 Hrs : Lunch in the lawn  
1400 Hrs : Parasailing , Camel cart Rides and Archery ( 2 Groups will be made)  
1600 Hrs : Leisure  
1630 Hrs : zorbing  
1830 Hrs : Depart to Delhi

### **Instructions :**

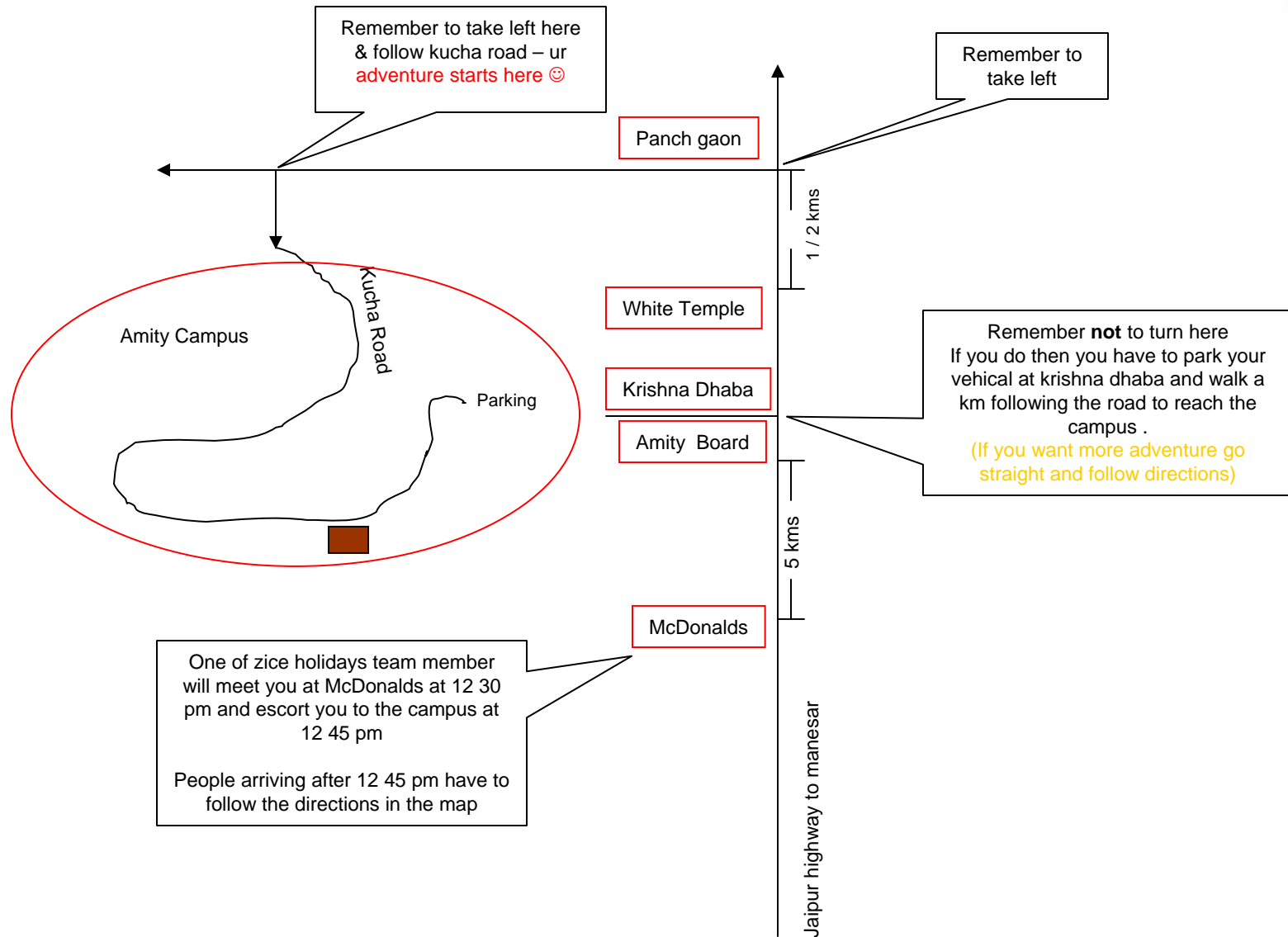
- The program will start sharp at 1 pm
- Participants can meet the zice team sharp at 12 30 pm at Mc Donalds parking , Jaipur High way to be escorted to the Campus at 12 45 pm
- Participants arriving later than 12 45 pm can reach the campus following the directions in the map
- Park you car at the correct parking place in the campus(our team will assist you)
- The order of activities can be changed subject to the weather conditions
- People can carry their beverages for the trip
- Participants are not allowed in the farmland area(vegetable growing area)
- Clothing should be comfortable with sport shoes/sandals , sun screen lotion
- Participants need to sign the medical consent form and carry along with them
- Alcohol has to be consumed in the fixed areas(parasailing) only and participants need to get their own ice boxes for chilling beverages
- Littering of any sort is not allowed since the place has to be maintained in heir natural form.

We are contactable at any point at

9810573291(anurag)

9810514853(neha)

# Route Map for Manesar (amity campus)





## INDEMNITY FORM & MEDICAL DETAILS

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ E.Mail \_\_\_\_\_

In Case of Emergency, Contact Name & Number: \_\_\_\_\_

We request you to provide details of your medical history (if any), to ensure that we are fully equipped to enable you to make the most out of this program. We like to follow up on an initial medical history. Please complete this form accurately and to the best of your knowledge. **Every question must be answered.** None of these conditions necessarily prevents you from participating in a course.

### KINDLY CALL US FOR ANY CLARIFICATIONS

If you check yes to any question below, provide a detailed description on a new sheet

#### Yes / No / Details

- Do you have any present medical problems?
- Does your health prevent you from participating in any physical activities?
- Are you taking prescription or non-prescription medications? (List medications, dosages, and reasons for taking).
- Do you have asthma or shortness of breath?
- Did you ever have seizures?
- Do you require a special diet? (Please specify) Food allergies if any?
- Do you have problems with neck, back, knees, or joints that limit your activities?
- Have you taken Anti – Tetanus vaccine \_\_\_\_\_ / Hepatitis B vaccine \_\_\_\_\_

Height: \_\_\_ft. \_\_\_in.

Weight: \_\_\_Kilos.

Birth date (mm/dd/yy): \_\_\_\_\_ Age \_\_\_\_\_

BLOOD GROUP: \_\_\_\_\_

All the information provided by you will be treated as of utmost importance. We understand that your signature at the end of the document gives the doctor, selected by Zice Outbound, the permission to provide medical treatment or hospitalize you, in case need be.

Some activities are physically challenging and are voluntary. Zice Travel Services Pvt Ltd., and its associates are not liable for any mishap.

We will not be responsible for participants consuming alcohol/substances. Alcohol / Substance consumption is not recommended and is at the own discretion of the participant.

\_\_\_\_\_  
Participants Signature / Date