UNDERTAKING CUM INDEMNITY

I, _____, Son/Daughter of Shri. _____, Age - _____, Occupation - _____, having my permanent Address at - _____, do hereby state, declare and undertake on solemn affirmation as under

1. That I have attained the age of majority and am competent to give this Undertaking cum Indemnity.
2. That I am participating in KTM event ----------arranged by Gusto Racing India with my free will.
3. That I represent and assure that I am possessing the necessary technical, safety and all relevant skills, having competency, possessing all necessary Legal and valid licences required for Riding of the KTM bike. I hold company harmless and indemnified in this regard.
4. That participation in ride is my own free and intentional act and I am aware that possible physical injury might occur to me during the test ride, in case any accident or any untoward incident occurred by which I sustain any injury to my body or cause death or damage to any third party, myself or my legal heir, as the case may be, shall not hold the Dealer/Company responsible and indemnify Company for any such injury, death or damage nor the Company shall be liable for any payments. This clause is incorporated with a specific understanding that in the event of any such untoward incident, the Company will would not be saddled with any liability or responsibility of Civil and/ or Criminal nature.
5. That I would follow all the safety instructions and will ride with all the standard safety gears required for riding the sports bike on the route as per instructions provided to me. Further, I acknowledge that a helmet is mandatory for this activity and will wear one as a condition of participation and will abide by all traffic rules during ride.
6. That I would ride my bike on track with utmost care and also will refrain from exhibiting from any kind of stunts (like stoppie, Wheelies, burnouts or any other) while participating in the KTM event.

Signed and delivered on solemn affirmation on this _____(Date) of _____(Month) of year 2026.

Signature

In case of an Emergency:

Blood group……

Emergency contact name & number .....

Specific medical history/illness…….