



**Appendix 'A'**  
**(Refers to Para 6 of NOMA Kota**  
**House Swimming Pool Orders**  
**KH/258/SP dated Feb 19)**

**'AQUARIUS' OFFICERS' SWIMMING POOL NOMA KOTA HOUSE**  
**MEMBERSHIP FORM**

**FORM OF INDEMNITY**

To,  
The President of India,

In consideration of .....(Minor/ dependent) of whom, I am legal/ natural guardian, entering the Swimming Pool for recreation at my request in NOMA Kota House Swimming Pool, under the charge of any Officer or other rank of the Navy or any other person or employee of Indian Navy or any person in the service of Government. I undertake and agree that Neither I nor my executors or administrators or other legal representative will make any claim against the Government or any Officer or any other rank or any employee of the Indian Navy or against any person in the service of Government in respect of any loss or injury to property or person including injury resulting in death which the said minor.....may suffer while the said minor is or in consequences of the said minor swimming or whilst he/ she is entering/ leaving or preparing/ changing from entering/ changing and I understand and agree that no compensation will be paid by the Government or any Officer or any other rank of Indian Navy or person in the service of Government in respect of any such loss or injury and I further agree so as to bind myself my heirs, my executors and administrators to Indemnity you or any Officer or other rank of employee of the Indian Navy person in the service of the Government against any claim, which he made by any third party against you or them or any of them arising out of any act or default on the part of the said minor during or in connection with such recreational Swimming Pool at NOMA Kota House of Indian Navy.

It is further declared that stamp duty on this undertaking shall be borne by me dated the.....day of .....2019.

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Signature of Witness  
Designation  
Address with Contact No.

Signature of self/ Parent/ Guardian  
Designation  
Address with Contact No.

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**Remarks by Medical Officer**

It is certified that the above individual has been examined and he/ she is not suffering from fits or any infectious disease. Fit for using swimming pool.

Date:

Signature of Medical Officer

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Date:

Officer- in-Charge  
NOMA Kota House

**UNDERTAKING**

I Rank.....Name.....P.No.....  
Secretariat.....Unit.....hereby certify that I/ my dependents do not suffer from any skin or contagious disease. I also certify that there is no history of epilepsy or episodes of unconsciousness to me or the dependents. I undertake that I/ or my dependents do not suffer from any conditions which would be deterious to me or other people in the Swimming Pool.

Date:

Signature of Member/ Guardian

**Countersigned**