

# 2013 OSHWAL GATHERING REGISTRATION FORM –REKINDLE, RECONNECT AND RELAX OSHWAL'S UNITE

New Harbor, ME – Aug 30<sup>th</sup> -Sept 2<sup>nd</sup> , 2013

Website: <http://www.oshwal-usa.org/> (Online Registration coming soon!)

Email: [Oshwal2012@gmail.com](mailto:Oshwal2012@gmail.com)

Contact: Suresh or Trupti at 603 889 1931

**STEP 1: CONTACT INFORMATION:** *This information must be completed to receive your registration confirmation.*

Street Address, City, State, Zip:

Home Phone:

Cell Phone:

Village:

**STEP 2: PRIMARY AND IMMEDIATE FAMILY MEMBERS:**

*For all members including primary individual, please specify the activities preferred and the total fees per person in the far right column.*

Last Name	First Name	Sex M/F	Birth Date (mm/dd/yy)	Email Address	Interested in Volunteering? (Yes/No)	Individual Registration Fee	Total Fees (\$/person)
							\$
							\$
							\$
							\$
							\$
							\$
Number of attendees requesting: JAIN food: ____, VEGAN food: ____, JAIN+VEGAN food: ____						<b>TOTAL</b>	\$

**STEP 3: INDIVIDUAL REGISTRATION FEES: (CHILDREN under age 5: FREE!)**

*Please choose the correct fee amount from the chart below. Postmark of registration form will determine applicable registration fees.*

	BY JAN 1 <sup>ST</sup>	APR 1 <sup>ST</sup> – MAY 31 <sup>ST</sup>	JUNE 1 <sup>ST</sup> – JULY 15 <sup>TH</sup>	Total Registration Fees from <b>Step 2:</b>	USD \$
YOUTH (Age 5 – 12)	USD \$35	USD \$45	USD \$55	Donation:	USD \$
ADULTS +13	USD \$99	USD \$115	USD \$145		<b>Total Amount:</b>

**STEP 4: PAYMENT:** *Payment can be made by check or credit card.*

**If paying by check, make your check  
(USD \$) payable to:**

**HVO of America**

**Mail Registration Form & check to:**

Oshwal Gathering 2013

c/o Jayanti Galaiya

198 Flocktown road,

Long Valley,

NJ 07853

**Credit Card Information: Type:** *Master Card | Visa | Discover*

Number:

Expiration Date: \_\_\_\_\_ \*CCV Code: \_\_\_\_\_ (\*Last 3 digits on **back** of credit card)

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

**STEP 5: SIGNATURE:** *Primary registrant must sign and date below.*

Primary Registrant Signature:

Date:

**STEP 6: WAIVER AND RELEASE OF LIABILITY on next page must be signed to complete registration.**

OFFICIAL USE ONLY:	Postmark Date:	Amount:	Check No:	Updated DB:	Registration ID:	Checked by:

## WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to attend the Oshwal Gathering 2013, and related events, activities, and programs, I acknowledge and agree that:

1. I, and the participants I am registering, will refrain from indiscreet, inappropriate, or destructive behavior which would detract from the positive image of Halari Visa Oshwals of America. I understand that failure to comply may result in exclusion from further participation in the Sammelan; and/or disciplinary actions as determined by the Oshwal Gathering 2013 and the Halari Visa Oshwals of America Executive Board. I will assure my child/ward abides by and complies with this guideline.
2. I accept full responsibility for the actions of my child/ward and all participants I am registering at the Sammelan and any related events, activities, and programs.

I, for myself, my minor child or ward, all participants I am registering, and on behalf of my and their families, heirs and assigns, do hereby covenant not to sue HALARI VISA OSHWALS OF AMERICA, and do hereby waive any claim against HALARI VISA OSHWALS OF AMERICA, and release and discharge HALARI VISA OSHWALS OF AMERICA, its officers, agents, volunteers, employees, and sponsors from any and all liability for any and all claims, demands, losses or damages on account of any discipline imposed for failure to comply with the Guidelines, and on account of any injury, including death and damage to property, whether caused by negligence or otherwise. I also give my authority and permission to HALARI VISA OSHWALS OF AMERICA for taking any and all actions, which it seems necessary in the event of injury and/or damage to persons or property in my accomplishment. I permit HALARI VISA OSHWALS OF AMERICA to use any of the information pertaining to my attendance, and the attendance of all participants I am registering, for its use, publication and desire. I acknowledge that HALARI VISA OSHWALS OF AMERICA does not maintain insurance covering my person, property or liability, or the person, property or liability of participants I am registering, in regards to the Gathering space. It is my sole responsibility to obtain any and all insurance covering losses incurred by me and participants I am registering while present at the 2013 HALARI VISA OSHWALS OF AMERICA Gathering.

I have read and fully understood the terms of this liability release.

Participant's Signature:	
Participant's Name (Print):	
Date Signed:	

*(IF THE PRIMARY PARTICIPANT IS LESS THAN 18 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN MUST ALSO SIGN.)*

**This is to certify that, as parent/guardian of this participant, I do consent to his/her waiver and release as set forth above and also waive the right to sue those persons and organizations being released by this agreement.**

Parent/Guardian's Signature:	
Parent/Guardian's Name (Print):	
Date Signed:	
Relationship:	

## OTHER IMPORTANT INFORMATION

➤ *If you would like to volunteer to help with the Sammelan, email [Oshwal2012@gmail.com](mailto:Oshwal2012@gmail.com)*

➤ *Ideas/Suggestions for the Sammelan:*

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