गति शक्ति तिश्वतिद्यालय
GATI SHAKTI VISHWAVIDYALAYA
(A Central University under the Ministry of Railways, Government of India)
लालबाग, वडोदरा, गुजरात / Lalbaug, Vadodara, Gujarat 390004

Undertaking by Executive Trainee / Guest User for Gymnasium Usage

This undertaking is required for all Executive Trainees and Guest users who wish to use the Gymnasium facility at Gati Shakti Vishwavidyalaya

User Details:

Full Name	
Designation	
Parent Organization	
Course/ Training Programme	
Contact Number	
Email Address	

Undertaking and Declaration

I hereby declare and undertake the following to gain access to the university gymnasium:

1. I read, understand, and agree to abide by all the Rules and Regulations governing the use of the gymnasium. Failure to comply with these rules may result in the suspension or termination of my access to the facilities and may lead to disciplinary action.
2. I confirm that I am in good physical health and medically fit to participate in physical exercise and use the gymnasium equipment. I understand that the use of the gymnasium and participation in physical activity involve inherent risks of injury, including muscle strains, fractures, or more serious conditions. I voluntarily assume all risks associated with my use of the GSV gymnasium.
3. I hereby waive and release GSV, its administration, staff, and the Sports Club from all claims, demands, damages, and causes of action arising from any injury, loss, or damage to my person or property sustained while using the gymnasium facilities.
4. I agree to use all gymnasium equipment responsibly and adequately, following safety guidelines and instructions provided by the staff. I will report any damaged or malfunctioning equipment immediately. I acknowledge that I am responsible for any damage caused to university property due to my negligence or improper use.
5. I agree to maintain decorum, wear appropriate attire, and respect other users and staff while in the gymnasium. I will ensure the facility is kept clean and tidy and re-rack weights and equipment after use.

I confirm that I have provided accurate information and that I understand the terms of this undertaking.

User (Signature)

Date:

Assistant Director (Physical Education)

Date: