

INDEMNITY: EXPECTANT MOTHERS

Please complete the form below in block letters:			
Name of Passenger:		Age:	
Address:		Contact Number:	
		Email:	
Pregnancy Age:	_____ Months	_____ Weeks	_____ Days
TO BE COMPLETED BY EXPECTANT MOTHER			
<p>I, the undersigned, hereby state that as of the date hereof, the age of my pregnancy is as set out above and does not exceed 28 weeks hereinafter referred as “expectant mother/ Passenger. I do not suffer from any abnormality connected with my current pregnancy. I hereby take full responsibility for any error or misrepresentation contained above, whether intentional or otherwise.</p> <p>I hereby indemnify M/s Aviation Connectivity & Infrastructure Private Limited (Air Taxi) and its subsidiary companies (if any), staff members and agents from any liability arising out of any injury, aggravation, deterioration in health suffered either by myself or by my unborn child. I understand and acknowledge fully that:</p> <ol style="list-style-type: none"> 1. No mother whose pregnancy exceeds 28 weeks on the date of travel is allowed to travel on a Air Taxi operated Aircraft; and that 2. Any mother whose pregnancy exceeds 24 weeks is required to submit a Medical Certificate filled within confirming her fitness to travel on a Air Taxi operated Aircraft. 3. Notwithstanding the aforementioned provisions of this indemnity Agreement, Upon knowledge, Air Taxi reserves the right to deny boarding/offload any expectant mother who does not meet the requirements on the date of travelling (on originating, transit or return flight) irrespective of the date of purchasing the ticket, consulting medical practitioners and/or any error(s) that may have occurred at any stage 4. I have further read and understood the all terms and conditions and all travel related policies as enumerated and explained Air Taxi, both/either in person and so available on its website and/or official mobile app. 5. I hereby agree to these term and conditions and shall adhere to all the travel related policies for the safety of the passenger & the crew <p>I understand that Air Taxi does not guarantee availability of medical personnel on its flights to attend to me or my unborn child and consent to the risks that may be associated therewith.</p> <p>I warrant that I have read and understood the above and that by virtue of that understanding; I voluntarily agree to be bound thereto upon appending my signature below.</p>			
SIGNED AT:		ON THIS _____ DAY OF _____	
Signature of Passenger:			