



RELEASE AND INDEMNITY

I/ We _____ bearing passport number/numbers
_____ and holder / holders of SriLankan Airlines
ticket/ tickets number/s _____ declare that:

1. I/ We [names] has/ have a history of hyper allergic reaction to _____
2. I / We have duly filled, submitted the Medical Information Form (MEDA) and obtained necessary approvals.
3. I/We are aware that Sri Lankan Airlines can provide a special nut-free meal if requested at least 48 hours before departure.
4. However, I/ we am/ are fully aware, understand and agree that, due to the presence of other passengers on-board, SriLankan Airlines does not guarantee a cabin environment absolutely free of nuts or other allergens nor can SriLankan Airlines establish nut-free buffer zone in its aircraft.
5. I / We hereby indemnify and release SriLankan Airlines, from all liability for medical intervention and or any losses and or damages sustained to me/us and or to SriLankan Airlines as a result of exposure to allergens when travelling with SriLankan Airlines under the aforementioned tickets.

Signed:

1.

[name] on her/ his own behalf and, as Guardian on behalf of [child name]

2. _____

[name] on her/ his own behalf, and, as Guardian on behalf of [child name].

Witnesses:

1.

[name and NIC or passport number]

2.

[name and NIC or passport number]