

# INTERNATIONAL BOOK OF RECORDS

## Annexure

(Fill in Capitals)



1) Application ID Number:

2) Record Applicant's Name:

### **In concern of International Book of Records evaluating My Record Attempt and Submitted Materials:**

- 1) I and supporting material holders allow IB Records to use the data that I am forwarding to IB Records in relation with my attempt for the concern of IB Records business.
- 2) I agree that I do not and will not require IB Records to treat me as the author or initiator of any of the Materials I am sending to IB Records in connection with the Record Attempt..
- 3) I agree that the personal information I am providing, including my name, videos, photographs and any other information, may be held and can be used by IB Records and its Representative or affiliates for all and any purposes connected with the publication and commercialization of International Book of Records.
- 4) I acknowledge that the words "International Book of Records" and logo are trademarks of IB Records, secured by Trade Mark Registrations or applications for registrations throughout India. I understand that if IB Records confirm my Record, IB Records will license me to use the words "International Book of Records" in referring to myself as an "International Book of Records as Record Holder" for personal,noncommercial purposes only. I may not use the logo or any other trade mark used by IB Records without IB Records' further consent.
- 5) This Agreement shall be governed and analyzed in conformity with the laws of India.
- 6) I agree that I have read and understood Annexure.

Compulsory Evidence For Every Supporting Material Holders(Annexure has to be signed by each and every Supporting Material Holder )

I authorize that I am the only author of the material, that is entitled to enter in this assignment and that I have not given the rights to this work to anyone in any way which would distract from the assignment of rights under this assignment.

I allow IB Records with full title assurance free from all third party rights (where relevant, by way of present assignment of future copyright) the entire copyright and all other intellectual property rights of whatsoever nature (whether vested, Future or Contingent) in all material submitted by me or the Record claimant in connection with the Record Evidences throughout the world for the full period of copyright and all renewals, revivals, reversions, reinstatements and extensions of the same and after that, so far as possible, in perpetuity.

I agree that I shall do all such acts and execute such documents as IB records may require to vest in or confirm to IB Records or its successors in title and licensees the said rights.

Parents / Gaurdian (If Under 18)

Signature:

|                                |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Description of your Materials: | Videos                   | Pictures                 | Links                    |
|                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(You must sign this consent below or get a Parent / Guardian to sign if you are under 18 years of age, if you generated any of the Materials for submission to IB Records in relation with the Record Attempt).

I acknowledge that so far as I am aware of the information and facts I am providing are true.

Owner of Material / (Videos and Photographs)

Record Applicant's Name

Address:

Dated:  /  /

Signature:

# INTERNATIONAL BOOK OF RECORDS

## Cover Letter for Record Claim



(Fill in Capitals)

1) Record Title Name:

2) Application ID Number:

(Can be found in emails from International Book of Records)

3) Current Official Record in IBR: (If Any)

4) Your Attempt Results / What is your Activity:

5) If successfully approved by INTERNATIONAL BOOK OF RECORDS, The New Record Holder would be:

Fill your Details down Below

|                              |   |
|------------------------------|---|
| Full Name: _____             | Country: _____  |
| Organization: _____          | Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy) |
| Address: _____               | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| City/Town: _____             | Nationality: _____  |
| State/Province/Region: _____ | Email: _____  |
| Postcode: _____              | Mobile: _____   |
|                              | School Name: _____  |
|                              | Parents Name: _____   |

6) I am sending the following evidence to INTERNATIONAL BOOK OF RECORDS:

- ☐ Witness Statement(s)
- ☐ Video(s) of the Attempt
- ☐ Photographs of the Attempt
- ☐ Specific Evidence as Requested in the guidelines for this Attempt
- ☐ Other Material (if any) (please specify below)

7) Tell us more about your attempt / Activity:

Write on the back of this page if you need more space.

|   |
|---|
| Location of Attempt: _____  |
| Date of Attempt: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy) |
| Brief Description of your Attempt / Activity:   |
| <input type="text"/>  |

8) Any Other Record Holder(s) Name (if Any)

|    |                      |
|----|----------------------|
| 1) | <input type="text"/> |
| 2) | <input type="text"/> |
| 3) | <input type="text"/> |
| 4) | <input type="text"/> |

9) This Cover Letter was completed by:

|  |
|--|
| First Name: _____  |
| Last Name: _____   |
| Sign here _____  |
| Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ( dd / mm / yyyy ) |

# INTERNATIONAL BOOK OF RECORDS

## Consent Letter for Record Claim



### 1) Short Description of Achievements: (Fill in Capitals)

|  |
|--|
|  |
|--|

### 2) We hereby declare that following details are of my Son/ Daughter/Foster child:

|                              |  |
|------------------------------|--|
| Full Name: _____             | Country: _____   |
| Organization: _____          | Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> (dd/mm/yyyy) |
| Address: _____               | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>                          |
| City/Town: _____             | Nationality: _____   |
| State/Province/Region: _____ | Email: _____   |
| Postcode: _____              | Mobile: _____  |
|                              | School Name: _____   |

1. I hereby give my consent for my abovementioned child to attempt of the record for International Book of Records.
2. I feel that my child is best mentally and physically fit and perfect for the activity for the attempt and performance will be only under my supervision.
3. Any Kind of accident / physical injury during the attempt for any reason will be my responsibility only.
4. I hereby admit that INTERNATIONAL BOOK OF RECORDS will not be responsible for any type of Mishappening / Injury / Loss and Damage During the Attempt.

Guardian / Parents Name / Signature:

|  |
|--|
|  |
|--|

# INTERNATIONAL BOOK OF RECORDS

## Witness Statement for Record Claim



(Fill in Capitals)

### 1) Declaration:

I, \_\_\_\_\_ declare that I am not associated with, or related to, the record organizers or participants, nor have anything to gain from the final outcome of the attempt. Therefore I have acted as a witness of the International Book of Records Attempt for the Record:

Record Title Name:

Application ID Number

### 2) My Contact Details are:

Full Name: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Organisation: \_\_\_\_\_

D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

City/Town: \_\_\_\_\_

Email: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_

Mobile: \_\_\_\_\_

Gender: \_\_\_\_\_

Included Business card: Yes ☐ No ☐

### 3) What did you See / Measure / Evaluate as a Witness?

### 5) Final measurement Time / Count / Size Etc:

### 6) Where did the Record Attempt take place?

Venue: \_\_\_\_\_

City/Town: \_\_\_\_\_

Country: \_\_\_\_\_

### 7) This Witness Statement was completed by:

I am willing to be contacted by International Book of Records to discuss any details regarding this record claim.

Sign here : \_\_\_\_\_  
(All signatures must be handwritten)

Date:  /  /  (dd/mm/yyyy)

### 4) Occupation

(Reason for Witnessing  
the Record Attempt)