

INCREDIBLE BOOK OF RECORDS

Record Attempt Form

Record Title:

Record Category:

Setting New Record: Breaking Previous Record:

Record Attempt Date: Record Duration/Measurement:

Record Location: (Venue, City, State, Country)

Record Description:

EVIDENCE SUBMITTED:

1. Witness Statements/Affidavit by a Notary
2. Video of the Record Attempt
3. Photographs of the Record Attempt
4. Media Coverage (Print/Electronic)
5. Log Books (if required)
6. Any other materials (if any)

I have read all the rules and regulations and followed all the guidelines to attempt the record set forth by the IBR. I am submitting all the evidences and duly signed documents and henceforth assure that I am the sole author of the work and I agree to assign Incredible Book of Records entire copyright and all other intellectual property rights of whatsoever nature in all the submitted material listed above in connection with the record attempt 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 am not entitled to and will not litigate IBR in any case. I agree that after submission of my claim; IBR is entirely authorized for approval/disapproval and taking all the decisions related to the record claim.

Signature of Applicant

(Record Attempter/ Head of Group or Organization (Mass record))

Signature of Parents/Guardian

(Incase applicant is minor)

INCREDIBLE BOOK OF RECORDS

Witness Verification Form - I

Name:

Occupation: Date of Birth:

Address:

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City: State:

Country: Contact No:

Email ID

What did you See/Measure/Evaluate as a Witness?

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I declare that I am not associated with, or related to, the record organizers/ participants, nor have anything to gain from the final outcome of the attempt. Therefore I have acted as a witness of the "Incredible Book of Records" attempt for the record.

Date.....

Place.....

Signature and Stamp

INCREDIBLE BOOK OF RECORDS

Witness Verification Form - II

Name:

Occupation: Date of Birth:

Address:

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City: State:

Country: Contact No:

Email ID

What did you See/Measure/Evaluate as a Witness?

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I declare that I am not associated with, or related to, the record organizers/ participants, nor have anything to gain from the final outcome of the attempt. Therefore I have acted as a witness of the "Incredible Book of Records" attempt for the record.

Date.....

Place.....

Signature and Stamp

Guidelines and General Rules

- 1- Applicant must submit the proof of identity along with the Record Attempt Claim.
(PAN Card, Passport, Aadhaar Card, Driving License or Voters Identity Card)
- 2- Applicant must submit the proof of address along with the Record Attempt Claim.
(Passport, Aadhaar Card, Driving License or Voters Identity Card)
- 3- We reserve the right, in our sole discretion, to accept or reject any record claim.
- 4- The witnesses are, one person must be a Gazetted Officer and another person must be a professional in particular field.
- 5- Incredible Book of Records doesn't accept those record attempts which may lead to harm the life, health or property of an Individual/Organization.
- 6- Accepting or rejecting of any record claim is the solely decision of Incredible Book of Records Team.
- 7- Record Attempt Categories are following:-
 - Achievement
 - Biggest & Smallest
 - Collection
 - Creativity
 - Education
 - Entertainment
 - Endurance
 - Mass Records
 - One Minute Wonder
 - Print and Publication
 - Super Human

For Further Assistance Contact @ Incredible Book of Records

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