

INDEMNITY FORM

PARTICIPANT'S DETAILS

NAME :
IC NO/PASSPORT NO :
CONTACT NO :
AGE :

Indemnity and Liability Release

I, as a name above have agreed and understand that my participation is completely voluntary and signed this waiver. I have assume the entire risk of loss, property damage, illness, death or collectively 'losses' that I may sustain in conjunction with my participation in all activities, programs and events relating to the event “MMU Fencing Championship Open(MFC) 2017” on 29th April 2017 to 30th April 2017 organized by MMU Melaka Fencing Club.

I hereby certify that I have read and understood this release and that I fully accept the terms and conditions set forth herein on behalf of representatives' heirs' assigns, next of kin, and myself. I also understand that I will deny participation in the above program if I fail to sign this release.

Signature:

Witness by:

.....
Name:.....
I/C No.:
Date:.....

.....
Name:.....
I/C No.:
Date:.....