

WAIVER FORM

No	l,	cicipation in the IJN Ride 4 Your Heart 2016 (hereby	
1.	1. I acknowledge and agree that my participation in the Event	is entirely voluntary.	
2.	I have read, understood and accepted the Rules and Regulations of the Event.		
3.	I have been made fully aware of, and fully understand and acknowledge the risks involved in my participation in the Event. I accept full responsibility of all such risks.		
4.	 I have no medical condition that would affect my safety and physical well-being that may arise from my partic this Event, and that I am medically and physically fit and competent to participate in the Event. 		
5.	5. For the avoidance of doubt, in consideration of you accept claim (to the extent permitted under the laws of Malaysia) otherwise be entitled to bring against the Organisers or you any way of my participation in the Event, including without I	which I (any of my heirs, successors and assignees) may our agents, employees, sponsors or contractors arising in	
	whether such reaction manifests itself either during	ons to alarm, shock or fright suffered during the Event,	
6.	6. I accept that all the judges' decisions with regards to the Ev	I accept that all the judges' decisions with regards to the Event are final.	
	■ I wish to enter the Event and hereby agree to abide strictly acceptance of my entry, I, my heirs, successors and ass Organisers, their sponsors, all officials, persons and agenc damages, costs, expenses, and whatsoever that may arise am physically fit and sufficiently trained to participate in this	signees, do hereby unconditionally waive and release the ies involved in this Event, from all liabilities, claims, actions from my participation, without limitation. I also certify that I	
	Participant's signature	Date	
FO	FOR THE PARENT/GUARDIAN of participants under 16 year	rs old.	
Ι,	l, (as per IC/Pass	port),(IC/Passport No.	
par	parent/guardian of the participant above, have read and unders	ood the above Waiver/Indemnity Clause and hereby agree	
to t	to the above terms & conditions of IJN Ride 4 Your Heart 2016	, and agree to allow the above named to participate.	
	Parent/Guardian's signature	Date	
EM	EMERGENCY CONTACT		
Na	Name :	Relationship :	
Со	Contact No. 1 :	Contact No. 2 :	