



MEDICAL DECLARATION AND ACCEPTANCE OF TERMS AND RISK FORM

<p>A) MEDICAL AND HEALTH DECLARATION</p> <p>I acknowledge that the SKYTREX Programs are not suitable for people who have history of heart attack, high blood pressure, back problems, acute asthma or other breathing difficulties and epilepsy. (Pregnant ladies are strictly advised not to participate in the SKYTREX Programs)</p> <p>Do you have any type of allergy? Please state: _____</p> <p>I declare that I am medically, physically and mentally fit to undertake the SKYTREX Programs and that I have consulted and obtained medical advice for any medical disorders that I have to ensure that I am able to enjoy the activities without risking my life or the life of other users of the park. I also hereby consent to any medical and first aid assistance given to me in the time of emergency by a qualified first aider</p>	<p>B) TERMS AND CONDITIONS</p> <ol style="list-style-type: none"> 1. All participants shall wear the Protective Personal Equipments (PPE) as provided by SKYTREX and shall be properly attired as specified in the SKYTREX Rules and Regulations. 2. A safety line is provided throughout the course of the challenge and acts as a guard for participants to protect them from falling. Participants shall ensure that at least ONE (1) carabineer is and remained attached to the safety line at ALL TIMES. 3. Only one person shall be permitted to be on the high rope challenge at a time. 4. Only a maximum of three (3) persons are allowed on the platform at a time. 5. Participants are prohibited from jumping, running and putting unnecessary stress on the equipment while on the course. 6. Do not flip, swing or turn up-side-down on the cables or the zip line. The harnesses worn are designed to hold the weight of a person in an upright position. 7. Participants will be under minimum supervision by the SKYTREX Instructor once they have advanced into the park and as such is responsible for his/her own safety 8. All Participants shall undergo a safety briefing conducted by SKYTREX Instructor and shall comprehend all the terms and conditions provided in writing or orally and must be able to demonstrate the ability to participate in the activity safely.
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I declare that the above information is true and I accept that there is a risk of injury when undertaking such activity on the date of participation. I have read and accepted all the terms and conditions provided above and also understood the briefing, demonstration and instructions given to me orally or in writing before or during the activities.

Time In:	Time Out:	Lockers:	Shoes:	Gloves:	PPE Serial No:
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PARTICIPANT'S DETAILS

Name		NRIC No.	
Address		Tel:	
		e-mail	

Emergency Contact Details:

Name		Relation	
Tel			
Name		Relation	
Tel			

Parent/ Guardian Consent for Participant under 18 years of age

I, (*print name*).....parent/guardian of the above named participant hereby acknowledge the risk of injury in undertaking the SKYTREX Programs and understand the physical and mental requirements involved and I, in full knowledge of such risk, authorised him/her to participate in the activities. In the event of an accident involving the participant named above, or loss or damage to his/her personal effects, I agree that SKYTREX Sdn. Bhd. will not be liable for any direct or indirect loss, damage, injury or even death arising from or in connection with the activities except if the injury, loss, damage and death is caused by the negligence of SKYTREX, its officers and employees.

.....
(Signature of participant)

.....
(Signature of parents/guardian)
If participant under 18 years old

.....
Date:

I would like to receive information on the parks, services, offers and events which are available from SKYTREX Sdn. Bhd. from time to time.

YOUNG PARTICIPANTS REGISTRATION FORM

SKYTREX SDN BHD

(To be filled by participant above 18 years only)

Young Participants Details (To be completed for participant(s) under 12 years of age)

No.	Name	Age	Allergy (if any)	PPE Serial No.
1.				
2.				
3.				
4.				
5.				

I, (print name)parent or guardian of the young participant(s) named above, have the authority from the child(ren)'s parent or guardian to sign this acknowledgement form, to be responsible for the child(ren) under my care and undertake to ensure the child(ren) listed above participate in the SKYTREX Programs in accordance with the SKYTREX Rules and Regulations and **that the child(ren) will remain attached to the safety line at ALL TIMES with at least ONE (1) carabineer.**

I further undertake that the child(ren) under my care will wear the Protective Personal Equipments (PPE) as provided by SKYTREX and shall be properly attired as specified in the SKYTREX Rules and Regulations. I will only allow one person to be on the high rope challenge at a time and a maximum of three (3) persons are allowed on the platform at a time. I will ensure that the child(ren) will not jump, run and put unnecessary stress on the equipment while on the course and that they do not flip, swing or turn up-side-down on the cables or the zip line. (The harness worn are designed to hold the weight of a person in an upright position).

I declare that the child(ren) under my care had undergo a safety briefing conducted by SKYTREX Instructor and that he/she/they have understood all the terms and conditions provided in writing or orally and that he/she/they is/are able to demonstrate the ability to participate in the activity safely and that he/she/they shall ALWAYS abide by the safety system provided therein.

Medical /Health Declaration

I acknowledge that the SKYTREX Programs are not suitable for people who have history of heart attack, high blood pressure, back problems, acute asthma or other breathing difficulties and epilepsy.

I declare the young participant(s) under my care as listed above are medically, physically and mentally fit to undertake the SKYTREX Programs and that I have consulted and obtained medical advice for any medical disorders that they have, to ensure that they are able to enjoy the activities without risking their life or the life of other users of the park. I also hereby consent to any medical and first aid assistance given to the young participants under my care in the time of emergency by a qualified first aider.

In the case of emergency, please contact the following:

Name		Relation	
Tel	(h/p)	(off)	(hse)
Name		Relation	
Tel	(h/p)	(off)	(hse)

I, the undersigned, accept that there is a risk of injury on the child(ren) under my care when undertaking such activity on the date of participation. I have read and accepted all the terms and conditions provided above.

.....
Parent/Guardian Name:

.....
Date