



Disclaimer Form (Individual)

FOR SKYTREX OFFICE USE ONLY!			
Name		REF. SKY	
Circuit		Time	
No.of Pax		Receptionist	
Walk in			

MEDICAL AND 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**
(Pregnant ladies are strictly advised not to participate in the SKYTREX Programs)

Do you have any type of allergy? Please State : _____

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.

TERMS AND CONDITIONS

- 1) All participants shall wear the Protective Personal Equipment (PPE) as provided by SKYTREX and shall be properly attired as specified in the SKYTREX Terms & Conditions.
- 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 carabineer/Clic It 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) Number of pax permitted on each platform is as stated on the safety panel.
- 5) Participants are prohibited from jumping, running and putting unnecessary stress on the equipment while on the course.
- 6) Do no flip, swing or turn up-side-down on the cables or zip line. The harness 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 forest 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.
- 9) **SKYTREX will not be responsible for any damages or losses of belongings while at the park.**
- 10) **SKYTREX will not be liable for any direct or indirect loss, damage, injury 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.**

*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.*

Participant's Detail

PPE Serial No.	
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Name		IC No./Passport No.	
Address		Tel No.	
		E-mail	

Emergency Contact Detail (Non Participant)

Name		Relation	
Tel No.			
Name		Relation	
Tel No.			

Parents/Guardian Consent for Participant UNDER 18 YEARS OLD

I, (print name) _____ IC No./Passport No. _____
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 will not be liable for any direct or indirect loss, damage, injury 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 parent/guardian)
If participant under 18 years old

Date

For the purpose of this form, SKYTREX means Skytrex Sdn Bhd and all its affiliated companies.