



RELEASE & WAIVER OF LIABILITY FORM (18 Years and Above)

To : Academic Affairs Office
Xiamen University Malaysia
Jalan Sunsuria, Bandar Sunsuria,
43900 Sepang,
Selangor Darul Ehsan, Malaysia

RELEASE & WAIVER OF LIABILITY FORM (For Students 18 years and Above)

I, _____, NRIC/ Passport No. _____,
Student ID _____, plan to participate the following event/activity:

Name of Event/ Activity	
Date	From DD / MM / YYYY to DD / MM / YYYY
Organiser	

I have been advised of the nature of this event including any special risk, and I declare that I am attending this event/activity on my own accord.

I agree to assume ALL of the risks of participating in this event/activity.

I hereby RELEASE, WAIVE and RELINGUISH XMUM, its employees and the event/activity's organiser(s) from any and all liability, including but not limited to injury, death, loss and/or damage suffered in the course of my participation in this event/activity.

I further agree to fully INDEMNIFY and keep indemnified and hold harmless XMUM, its employees and the event/activity's organiser(s) against all liabilities or claims arising from my participation in this event/activity.

Yours sincerely,

Person to contact in case of emergency:

Name :
Date :

Name :
Contact No. :
Relationship :



RELEASE & WAIVER OF LIABILITY FORM (Under the Age of 18)

To : Academic Affairs Office
Xiamen University Malaysia
Jalan Sunsuria, Bandar Sunsuria,
43900 Sepang,
Selangor Darul Ehsan, Malaysia

RELEASE & WAIVER OF LIABILITY FORM (For Students under the Age of 18)

I, _____, NRIC/ Passport No. _____,
the **parent/guardian** of _____ NRIC/ Passport No. _____,
Student ID: _____ hereby give my consent to my child/ward to participate in the
following event/activity:

Name of Event/ Activity	
Date	From DD / MM / YYYY to DD / MM / YYYY
Organiser	

I understand that this event/activity involves inherent and other risks and I agree to assume ALL of the risks.

I hereby RELEASE, WAIVE and RELINGUISH XMUM, its employees and the event/activity's organiser(s) from any and all liability, including but not limited to injury, death, loss and/or damage suffered by my child/ward in the course of his/her participation in this event/activity.

I further agree to fully INDEMNIFY and keep indemnified and hold harmless XMUM, its employees and the event/activity's organiser(s) against all liabilities or claims, arising from the participation of my child/ward in this event/activity.

Yours sincerely,

Witnessed by,

Name :
Date :

Name :
NRIC/ Passport No. :
Contact No. :
Date :