**EXTRA-CURRICULAR ACTIVITIES OFFICE, OF STUDENT AFFAIRS OFFICE**

XMUM.ECA – FORM.01



**RELEASE & WAIVER OF LIABILITY FORM**

**(18 Years and Above)**

To : Extra-Curricular Activities Office (ECA)

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 / YYY | to DD / MM / YYY |
| **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,    Name :  Date : | Person to contact in case of emergency:  Name :  Contact No. :  Relationship : |

**EXTRA-CURRICULAR ACTIVITIES OFFICE, OF STUDENT AFFAIRS OFFICE**

XMUM.ECA – FORM.01



**RELEASE & WAIVER OF LIABILITY FORM**

**(Under the Age of 18)**

To : Extra-Curricular Activities Office (ECA)

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. , 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 / YYY | to DD / MM / YYY |
| **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,    Name :  Date : | Witnessed by,    Name :  NRIC/Passport No.:  Contact No. :  Date : |
|  |  |