Nomad Adventure Sdn Bhd

Earth Camp
Lot 17525 Kampung Chulek
31600 Gopeng, Perak Malaysia
Tel : 016-2011219
email : info@nomadadventure.com
company number : 429771-H
www.nomadadventure.com

Nomad Adventure's trips, programs and events are designed to provide an experience where each participant finds a level of challenge that enables them to push personal boundaries. We strongly adhere to the principle of "Challenge by Choice". While every reasonable care has been taken to ensure programs are run to high safety standards, individuals may react differently – and perhaps unpredictably – to different situations. Please assist us by filling in the following information.

PARTICIPANT'S REGISTRATION AND ACKNOWLEDGEMENT OF RISK

RECREATIONAL & CORPORATE PROGRAMS

*Name:	*Gender:	*Age:	*DOB:	*Tel:
Address:			*NRIC:	
Email:	Occupation:		Company/Organiser Name: *Program Date:	

Please answer all of the following questions:

1. Have you been told by a physician / doctor or are you aware of any medical conditions (such as heart disease, high blood pressure, diabetes, asthma, pregnancy or others) that could be aggravated by physical activity etc?

   Yes _ No _ If yes, please indicate _____

2. Have you been told by a physician / doctor or are you aware of any neck, back, shoulder, wrist, hip, ankle, knee or any other muscular or skeletal problem that may be aggravated by physical activity? If yes, are you using any orthopedic device for this illness?
   Yes _ No _ If yes, please indicate _____

3. Have you been diagnosed with any other medical conditions, physical or mental, which you think we should be told about before the activities begin? Are you undergoing any psychological treatment or counseling (eg. For autism, ADHD, depression, etc)?

   Yes _ No _ If yes, please indicate _____

4. Do you have sensory difficulties, such as poor eyesight or impaired hearing of any sort?

   Yes _ No _ If yes, please indicate _____

5. Do you have any allergies?
   Yes _No _ if yes, please indicate _____

6. Are you under medication at present?
   Yes _ No _ If yes, please indicate _____

7. Emergency Contact: *Name: _____

   *Tel: _____ * Relationship:_____

1. Although Nomad Adventure Sdn Bhd has taken reasonable steps to provide participants with appropriate equipment and skilled staff, I accept and acknowledge that there are risks, hazards and dangers associated with all outdoor activities, artificial rock climbing and experiential learning programs. I understand Nomad Adventure does not want to frighten me or reduce my enthusiasm for these activities, but believes it is important for me to understand that some risks are inherent in these activities and cannot be eliminated or reduced. These inherent and other risks, hazards and dangers can cause injury, property damage, illness, mental or emotional trauma, disability or death.
2. Except where provided or required by law and as such cannot be excluded, in consideration of and as a condition of my acceptance of my entry in the program or activity, I agree to release, indemnify and hold harmless Nomad Adventure Sdn Bhd, its officers, employees, agents, volunteers, contractors, public bodies, landholders and sponsors, from and against any and all claims, demands, right or cause of action, suits, expenses, costs and proceedings of any nature whatsoever which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property as a result of my entry or participation in the program or activity, unless Nomad has been grossly negligent.
3. I also agree that in the event I am injured or my property is damaged I will bring no claim, legal or otherwise, against Nomad Adventure Sdn Bhd in respect to that injury or damage unless Nomad has been grossly negligent.
4. I agree to Nomad Adventure taking my photographs and entering my personal details into a database which will be used for the administration of the program and which may be used for future marketing and promotion of Nomad Adventure programs.
5. I have carefully read and understood this document. I acknowledge that there are dangers involved and participation in the activities is voluntary. I agree to pay attention to instructions and follow directions. I acknowledge that I must be responsible for my own safety at all times.

*Signature: _____ *Date: _____

***PARTICIPANTS UNDER THE AGE OF 18**

I hereby sign below in agreement for the release of liability and assumption of risk for my child / ward named above.

Parent's Name:	**IC/Passport No:**
Signature:	**Date:**

Note: Nomad Adventure reserves the right to refuse entry for clients with incomplete RA forms. All fields with " * " must be filled up