



## PARTICIPATION AND ACKNOWLEDGEMENT OF RISK FORM

### OUTDOOR GEEKS PRODUCTS & SERVICES (2445610-A)

17 Jalan Selera, Tmn Bukit Indah  
Jalan Klang Lama  
58200 Kuala Lumpur  
email: mrg.outdoorgeeks@gmail.com  
hp: 0124086462

Name:.....  
Occupation:.....  
Address:.....  
.....  
.....  
Email:.....  
Phone no:.....  
H/P No:.....

DOB:.....  
IC/Passport No:.....  
Gender:.....  
Program:.....  
**Emergency Contact:**  
Name:.....  
Relationship:.....  
Contact Number.....

Medical History	Yes	No	Details
Do you have any present medical problems? (Heart disease, high blood pressure, diabetes, asthma, pregnancy, migraine or others) that could be aggravated by physical activity?			
Are you under medication at present? (Please provide details of medication)			
Do you have or aware of any neck, back, shoulder, wrist, hip, ankle or any other muscular or skeletal problem that may be aggravated by physical activity?			
Have you had any surgeries? (Please give approximate dates/details)			
Do you have any allergies?			
Any special dietary requirement? E.g. No beef, no seafood			
Do you have any sensory difficulties, such as poor eyesight or impaired hearing of any sort?			

I, the undersigned declare that the information provided is true and complete, I agree that my personal data may be used by Outdoor Geeks Products & Services (OG) its staff for administrative, programming and emergency purpose only. I further declare that I am in good health with no undeclared pre-existing medical or psychological conditions or allergies that would prevent me from taking part in the activities with Outdoor Geeks

I agree, while the staff of OG will exercise reasonable care and supervision, neither OG nor its staff, shall be liable for any loss, damage or injury to me or property occasioned by any act or omission on my part. I also understand that should I not comply with the safety instructions of the staff of OG or safety rules of OG, I may be held liable for any loss, damage or injury to myself any third party or their property occurring as a result thereof

**\* For participants below the age of 18, this form is to be signed by Parent/Guardian**

Participant /Parents/ Guardian

Signature .....Date.....

Name of Participant/Parents/Guardian.....