

**MALAYSIA KIDSLYMPIC  
INDEMNITY AND RELEASE FORM  
Malaysia Kidslympic 2024**

**PNB Merdeka Ventures Stadium, Kuala Lumpur**

**Participant Details:**

- **Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Parent/Guardian Name (if participant is under 18):** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Emergency Contact Number:** \_\_\_\_\_

**Event Date: 28 December 2024 to 29 December 2024**

**Acknowledgment and Agreement**

**I, the undersigned participant (or parent/guardian, if the participant is a minor), hereby acknowledge and agree as follows:**

**1. Participation and Assumption of Risk**

I fully understand that participation in the Malaysia Kidslympic 2024 involves physical activities and other related events that may carry inherent risks, including, but not limited to, injuries, accidents, or unforeseen circumstances.

I voluntarily choose to participate (or allow my child/ward to participate) in the event, fully accepting all risks and hazards associated with such participation.

**2. Release of Liability**

I release, waive, and discharge the event organizers, sponsors, volunteers, affiliates, and venue providers (collectively referred to as the "Released Parties") from any and all claims, liabilities, demands, or causes of action that may arise from my (or my child's/ward's) participation in the event.

This release applies to any loss, injury, damage, or death, whether caused by negligence of the Released Parties or otherwise, to the maximum extent permitted by law.

**3. Indemnification**

I agree to indemnify and hold harmless the Released Parties from and against any and all claims, liabilities, damages, costs, or expenses (including legal fees) arising out of or related to my (or my child's/ward's) participation in the Malaysia Kidslympic 2024.

**4. Medical Treatment**

In the event of a medical emergency where I (or my child/ward) cannot be reached, I authorize the event organizers to seek appropriate medical care.

I understand that any medical expenses incurred are my sole responsibility.

**5. Media Release**

I grant permission to the event organizers and their partners to photograph, record, or otherwise capture my (or my child's/ward's) participation in the event.

I understand that these materials may be used for promotional purposes, including social media, websites, or other media channels, and I waive any rights to compensation for their use.

**6. General Provisions**

- This form shall be governed by and construed in accordance with the laws of Malaysia.
- If any provision of this form is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

**Acknowledgment of Understanding**

I have read this indemnity and release form, fully understand its terms, and sign it voluntarily. By signing this form, I agree to waive substantial rights, including the right to sue.

**Signature of Participant (or Parent/Guardian, if under 18):**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Witness/Event Staff:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Official Use Only:**

- **Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_
- **Reference Number:** \_\_\_\_\_



**KIDSLYMPIC**

**MALAYSIA KIDSLYMPIC**

## **PAYMENT DETAILS**

For all participant fees, kindly bank in to the account below and email to [malaysiakidslympic@gmail.com](mailto:malaysiakidslympic@gmail.com)

**Bank account Detail**

Account Name : MY CREATIVE MOMENTS SDN BHD  
Account Number : 564490478796  
Bank : Malayan Banking Berhad  
Remarks : Kidslympic ( which sport )