

**GENERAL FORM OF DISCLAIMER**

**PERSONAL PARTICULARS:**

Full Name: \_\_\_\_\_  
NRIC/Passport No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female  
Address: \_\_\_\_\_ S ( \_\_\_\_\_ )  
Institution/School: \_\_\_\_\_  
Contact No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)  
Email: \_\_\_\_\_ Subscribe to our news letters?  Yes  No

**DECLARATION OF INDEMNITY:**

I, \_\_\_\_\_ (Name in full), of \_\_\_\_\_ (NRIC/Passport No.) hereby agree and undertake at all times to indemnify Exponent Challenge Technology Asia Pte Ltd, Climbers Laboratory Pte Ltd, its management, crews, staffs and organisers from and against all actions, proceedings, liabilities, claims, damages, costs and expenses in respect of death, injury, disability or any loss which I may sustain or incur by reason of or in connection with the course, activities or programmes or my participation therein.

I have read, understood, acknowledge and agree to all the matters referred to in this statement, including the warning, release and indemnity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**PARENT'S/GUARDIAN'S CONSENT FOR PARTICIPANTS BELOW 18 YEARS OF AGE:**

I, \_\_\_\_\_ (Name in full), of \_\_\_\_\_ (NRIC/Passport No.) hereby allow my \*child / ward \_\_\_\_\_ of age \_\_\_\_\_ to climb in the premise of Climbers Laboratory. While I understand that every effort will be taken by the owner to ensure the safety of my \*child / ward, I undertake to accept that no liability will be borne by the Exponent Challenge Technology Asia Pte Ltd, Climbers Laboratory Pte Ltd, its management, crews, staffs and organisers for any personal injury or loss sustained by my \*child / ward during the activities, course or programmes with the full understanding that all necessary precautions will be taken to ensure the safety of all participants and therefore release Exponent Challenge Technology Asia Pte Ltd, Climbers Laboratory Pte Ltd, its management, crews, staffs and organisers from all or any liability of any nature which may arise from my \*child / ward's participation in the activities.

\_\_\_\_\_  
Signature of Parent / Guardian\*

\_\_\_\_\_  
Date

*\* Please delete accordingly.*