

ACKNOWLEDGEMENT OF RISK

Alam Kreatif Programme's trips, workshops and activities are designed to provide an experience that enables children to push their personal boundaries. While every reasonable care has been taken to ensure workshops are run to high safety standards, individuals may react differently or unpredictably to different situations.

Please assist us by filling in the following information.

Participants Full Name	Gender	Age	DOB	Tel
Address			NRIC	
Alam Kreatif Workshop			School / Organization name	

1. Has your child been diagnosed with any learning disabilities, medical or physical conditions, which you think we should be told about before the activities begin? (Example: poor eyesight or impaired hearing)

Yes ___ No ___ If yes, please indicate _____

2. Does your child have any allergies?

Yes ___ No ___ If yes, please indicate _____

3. Emergency Contact:

Name: _____ Tel: _____

Relationship: _____

I acknowledge that by signing this document my child and I will abide by the house rules and release Pusat Kreatif Kanak-Kanak Tuanku Bainun (PKKTB) and respective employees, educators, sponsors, partners, officers, directors and affiliates (collectively "Releases") from liability. This release form is a contract with legal consequences. I agree to PKKTB taking photographs and entering personal details into its database which will be used for the administration, future marketing and promotion of Alam Kreatif programme. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors. In addition, I authorize PKKTB to provide medical attention for my child in the event of an emergency (up to a maximum of RM 100). This agreement is entered into voluntarily, after careful consideration and is binding upon the persons signing below, their heirs, executors, administrators, wards, minor children and other family members. **I HAVE READ AND UNDERSTOOD ALL OF THE PROVISIONS OF THIS DOCUMENT AND I AM SIGNING THIS RELEASE VOLUNTARILY.**

Parent / Guardian Name	Relationship to participant
Parent/ Guardian Email Address	NRIC
Signature	Date