

AGREEMENT FORM AND ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Participating Student: Project Funding Agreement

(Each participating student must complete a separate form)

University/College	
Project Title	
Student Name	
Student IC No.	
Student ID No.	
Semester	
Handphone no	
Email	

As a student participating in the above-mentioned project, I should

- Agree to undertake and complete this project during end of the year, join with my fellow project partners in preparing and submitting a complete final report by 15th December deadline and this report may, alone or in combination with other reports, be edited, posted on the web, or otherwise be published without further approval.
- Agree to participate in final presentation and exhibition organize by Khind Starfish Foundation at end of the year or early next year.
- Acknowledge that the Khind Starfish Foundation, which are providing only the grant funding and administrative services, Khind Starfish Foundation will not participate in the design or implementation of this project.
- Agree to fully expend the grant funds only as proposed.
- Release and forever hold harmless the Projects for Happiness initiative, the Khind Starfish Foundation and all of its participating institutions from any claim for liability arising from or related to my performance of this project.
- Ensure that the project is undertaken as proposed, and if not, agree to contact Khind Starfish Foundation office.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

KHIND STARFISH FOUNDATION (986023W)

No. 2, Jalan Astaka U8/82, Bukit Jelutong, 40150 Shah Alam, Selangor Darul Ehsan, Malaysia.

Tel: 603-7839 2000 Fax: 603-7847 5301

www.khindstarfishfoundation.org.my

Updated as at 21/2/2018

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Khind Starfish Foundation and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Khind Starfish Foundation and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
--	------	--------------------	-----

Acknowledged by Student Affair Department:

Stamp and Sign
Date:

Please complete, sign, stamp and return this form in PDF to Khind Starfish Foundation via email not later than **1st Aug 2018**. Email to yitphing.loh@khind.com.