



Ref: TK/PTD/90 Jld.02

INDEMNITY FORM

Date: _____

I (name) _____ I.C./Passport No. _____
have been warned of the danger in carrying out the following activities
and will not claim any damages from the **SABAH PARKS** in the event of
accident, injury or death which arise prior to during and after my
participation in these activities.

I hereby indemnify the **SABAH PARKS** and waived against all claims that
may arise in consequence of the above activities.

Signature: _____ Telephone Number: _____

Person to be contact in case of emergency:

Name : _____

Relations : _____

Address : _____

E-Mail : _____

Tel . No : _____

FOR SABAH PARKS OFFICE'S USE ONLY

Permission given by:

Witness:

Park officer : _____

Name : _____

Signature : _____

Signature : _____

Date : _____

Date : _____

Comment:

Release and Assumption of Risk

Participant Medical Information Form

Trekking on high altitude, rock-climbing and related activities which include (but are not limited to) ascending fixed ropes and abseiling can be physically demanding activities. We do not want you to engage in an activity that would be detrimental to your health or which would be opposed by your doctor because of recent illness, injury, surgery, etc.

How would you describe your health? _____

Answer the following questions (write "Yes" or "No")

Is there a history of / have you ever had	NO	YES
▪ Chest Pain, Coronary Problems, High Blood Pressure.....	___	___
▪ Lung Problems (Asthma, Bronchitis, Tuberculosis etc)	___	___
▪ Head Injury, Fits, Epilepsy, Fainting Attacks, Migraine	___	___
▪ Back / Neck Problems.....	___	___
▪ Dislocations.....	___	___
▪ Diabetes.....	___	___
▪ Eye (Vision) / Ear (Deafness) Problems.....	___	___
▪ Nervous illness.....	___	___
▪ Arthritis, Bone or Joint injury.....	___	___
▪ Surgery within the last 3 years.....	___	___
▪ Allergies (Drugs, Food etc).....	___	___
▪ Routine Medication Needs.....	___	___

If "Yes" to any of above, please specify:

Covid-19 Risk Status

	NO	YES
▪ Low Risk, No Symptom	___	___
▪ Covid-19 Vaccination Status	___	___
(Fully Vaccinated)		
▪ Digital Certificate	___	___