



Primal Creations (002192736-U)
B-5-8. Plaza Mont Kiara.
Mont Kiara. 50480 Kuala Lumpur
Tel: +6019-3322448 Fax: +603-62011664
Email: info@primalcreations.com
Website: www.primalcreations.com

INDEMNITY FORM

This form is to be read and signed on behalf of the participant attending and/or participating in a PRIMAL WILDERNESS EXPERIENCE (herein known as PWE) program or activity taking the below into consideration.

In return for PWE allowing the participant to participate in any PWE tours and/or activity, you agree and state as follows:

1. I am familiar with and will obey any and all of the rules, written and spoken, established for the PWE tour activities.
2. Although Primal Creations (the operator for PWE tours) has taken reasonable steps to provide participants with appropriate equipment and skilled staff, I accept and acknowledge that there are risks, hazards and dangers associated with all outdoor activities. I understand that Primal Creations does not want to frighten me or reduce my enthusiasm for these activities, but believes it is important for me to understand that some risks are inherent in these activities and cannot be eliminated or reduced. These inherent and other risks, hazards and dangers can cause injury, property damage, illness, mental or emotional trauma, disability or death.
3. Except where provided or required by law and as such cannot be excluded, in consideration of and as a condition of my acceptance of my participation in the PWE tour/program/activity, I agree to release, indemnify and hold harmless Primal Creations, its directors, officers, employees and agents, from and against any and all claims, demands, right or cause of action, suits, expenses, costs and proceedings of any nature whatsoever which may be made by me or on my behalf or by any other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property as a result of my participation in any program, activity or tour run by Primal Creations.
4. I also agree that in the event I am injured or my property is damaged I will bring no claim, legal or otherwise, against Primal Creations in respect to the injury or damage unless Primal Creations has been grossly negligent.
5. I agree to Primal Creations taking my photographs and entering my personal details into a database which will be used for the administration of the tour programs and which may be used for future marketing and promotion of Primal Creations programs.
6. I understand that I must be healthy and reasonably fit in order to safely participate in any Primal Creations tours, programs and activities, and that I will inform the program directors/facilitators of any medication, ailment, condition or injury that may affect my performance or reasonably preclude me from participation.
7. I have carefully read and understand this document. I acknowledge that there are dangers involved and participation in all the activities is voluntary. I acknowledge that I must be responsible for my own safety at all times.

I STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTH HEREIN AND THAT I SIGN VOLUNTARILY.

*Signature: _____ *Date: _____

*Full Name (printed): _____



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Participant Registration and Health Statement & Authorization for Medical Treatment

Please complete the following as thoroughly as possible. Primal Creations reserves the right to refuse entry and participation from clients with incomplete forms. All fields marked * must be filled. All information is confidential.

*Name: _____

*Address: _____

*Gender: _____ *Age: _____ *DOB: _____

*NRIC (for Malaysians only): _____

*Passport Number: _____

*Email: _____ *Tel: _____

***Please answer all of the following questions:**

1. Do you have any physical disabilities or conditions (for example, heart conditions, diabetes, seizures, high blood pressure, asthma, pregnancy etc) that could be aggravated by physical activity, as advised by a physician/doctor?

Yes _____ No _____

If yes, please elaborate: _____

2. Do you have any allergies, specifically but confined to, bee stings, insect bites, food or medication?

Yes _____ No _____

If yes, please elaborate: _____

3. Have you been told by a physician/doctor or are you aware of any neck, back, shoulder, wrist, hip, knee, ankle or any other skeletal or muscular problem that may be aggravated by physical activity? If yes, are you using any orthopedic device for this illness?

Yes _____ No _____

If yes, please elaborate: _____



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4. Have you been diagnosed with any any medical conditions, physical or mental, which you think the tour program operator should be informed about, before the start of any activities? These can include any psychological treatment or counseling (for example autism, ADHD, depression etc)

Yes _____ No _____

If yes, please elaborate: _____

5. Are you under any form of medication at present?

Yes _____ No _____

If yes, please elaborate: _____

Person to contact in case of emergency:

Emergency Contact Person: _____

Telephone Number: _____

Relationship: _____

PARTICIPANTS UNDER THE AGE OF 18

I hereby sign below in agreement for the release of liability and assumption of risk for my child/ward name above.

Parent/Guardian's name: _____

Signature: _____

Date: _____

NRIC/Passport Number: _____