



OUTWARD BOUND SABAH™

to serve, to strive and not to yield

COURSE REGISTRATION FORM

COURSE NAME: _____ COURSE DATE(S): _____

SECTION 1: PARTICIPANT'S INFORMATION

Name of Participant						
Date Of Birth		Gender	Male		Female	
IC / Passport No		Nationality	Malaysian			
			Non-Malaysian <i>(Please specify)</i>			
Home Address						
Tel. No		E-Mail Address				
Occupation		Highest Educational Level Attained				

SECTION 2: EMERGENCY CONTACT INFORMATION

Name of Contact Person		Relationship			
Address					
Tel. No (Home)		Tel. No (Mobile)			

SECTION 3: SPONSOR INFORMATION (If Applicable)

Organization / Company / School			
Contact Person		E-mail Address	
Tel. No (Work/Mobile)		Fax No	

SECTION 4: UNDERTAKING (To be signed by ALL participants)

I shall comply with the training conditions and regulations, which include no smoking and no consumption of alcoholic drinks and drugs. I shall also fully co-operate with the instructors and staff of the Outward Bound Sabah.

Signature of Participant

Date: _____

SECTION 5: CONSENT OF PARENTS / GUARDIAN (for participants below the age of 21)

I, _____ (Name of Parent / Guardian) allow my ***child / ward**
 _____ (Name of Child / Ward) to attend the Course at Outward Bound
 Sabah, Papar, Sabah, Malaysia from (course dates) _____ to _____.

Signature of Parent / Guardian

Date: _____

SECTION 6: INDEMNITY

(To be signed by ALL participants. If participant is below the age of 21, parent / guardian must sign)

I am aware that ***my / my child's / my ward's** attendance in the Course involves a certain amount of risks. I understand that ***I / my child / my ward** will have to co-operate fully with the staff and diligently comply with all safety systems. I shall therefore not hold the Outward Bound Sabah nor the responsible for any damage to or loss of property or any injury or loss of life which may be sustained by ***me / my child / my ward** during the Course or arising from any cause in connection with the Course where such damage to or loss of property or any injury or loss of life is not caused by the negligence or willful act or omission of the Outward Bound Sabah.

Signature of Participant / Parent / Guardian

Date: _____

**please underline where applicable*