



Clinic
Malaysia

Real Madrid Foundation Clinic Malaysia

21st – 23rd October | 25th – 27th October

Liability Waiver Form

(A Collaborative Event Between International School of Kuala Lumpur (ISKL) And Winner Takes All Sdn Bhd of Malaysia)

I recognize that when my child participates in the above event, he/she is exposed to a higher degree of risk of accident or injury than experienced in regular classroom sessions. In such circumstances, I understand that the organizing parties - ISKL and collaborators, as listed above, take precautions to minimize the risk of accident or injury and arranges appropriate accident insurance to supplement the standard student health insurance policy.

The supervising personnel will take reasonable professional care of the students for the duration of the event. There will, however, be times when the students are unsupervised. I understand that this situation is inevitable, and I hereby release, indemnify and hold harmless the ISKL, its collaborators as listed above, its employees and its Board of Directors from any suit, claim or damage, including all monetary damages, medical expenses, attorney's fees, and all other claims whatsoever which may arise as a result of any injury or accident occurring as a result of my child's/ward's participation in the event, unless the accident or injury occurs as a direct result of the professional negligence of an employee of the said parties.

In the event of an accident or injury, I understand that the collaborators will make reasonable efforts to immediately inform me. I will be responsible to have updated contact information on file when I register for the event. Regardless, and if I cannot be contacted, I specifically authorize the supervising personnel to provide emergency first-aid/CPR treatment and/or to arrange medical/dental care for my child if they believe it is necessary.

I recognize the organizers has an insurance policy up to RM10,000. I agree to pay all additional costs and expenses of any such medical treatment and will reimburse the organizers for all related incurred costs without exception and upon demand within a two-week period following such an episode.

If my child is an ISKL student, I understand that ISKL collaborators will submit a student accident claim form for any costs incurred and will reimburse me for any amounts recovered under its student accident insurance policy up to RM10,000 but if my child is not an ISKL student, the collaborators will do the same.

WINNER TAKES ALL





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I understand that, in the event that the planned clinic is cancelled at late notice for any reason, then the organizer will make appropriate refunds. However, I recognize that ISKL or the collaborators will not be responsible for any losses and/or expenses incurred due to such cancellation.

My signature indicates that I have read and agreed with this Liability Waiver for the Real Madrid Foundation Clinic Malaysia.

Parent's Signature and Date

Student's Name

ISKL Student : YES : NO

(Please strike out appropriately)

If not an ISKL student, please write the full name of your child's school:

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