



ADVENTURE CONSULTANT

Mountain Goal Adventure Consultant Sdn Bhd (742912-V)

Office : 2-19E, Block F, Jalan Desa 1/3,

Desa Aman Puri, 52100 Kepong,

Kuala Lumpur, Malaysia

Office Phone/Fax : (603)-6275 4913

Website: www.mymountaingoal.com

Email: goalus@mymountaingoal.com

ACTIVITIES / PROGRAM SIGN-UP : _____

CONTACT PERSON

Name : _____ **IC/Passport** : _____

Call Name : _____

Home Address : _____

Post Code : _____

City : _____

State : _____

Telephone (H): _____ **Telephone (Office):** _____ **Mobile Phone:** _____

Email : _____

Emergency Contact

Name : _____ **Personal Doctor** : _____

Phone : _____ **Phone** : _____

TERM OF PAYMENT

A deposit payment will make before 3 weeks the program start. Payment will make either cash/cheque/bank-in to our account. The balance of payment will make during the events. Payment will make to "**Mountain Goal Adventure Consultant Sdn Bhd - Maybank : 5645 5711 8287**". Please keep the payment transaction.

CANCELLATION POLICY

1) If the person withdraws 3 week (21 days) before the program start, 100% payment fee will be refund (Apply for Mountaineering/Hiking/Waterfall/Caving/Rafting) but not apply for all in Advance Booking Trips/Backpack Trips. For In Advance, booking trips/Backpack trips 50% payment fee will be refund.

2) If the person withdraws after 21 days before the program start, no refund will be given. We will accept an approval substitute enrolment. Cancellations must be in writing.

I have read and agree to the terms of payment & cancellation policy. I understand that if I fail to meet payment schedules, I could forfeit my place in the program.

*** Participant Signature**

Participant Name

Date



Release & Indemnity Agreement

I, and if I am a minor, my parent(s), for and on behalf of myself and my children, heirs, executors, administrators and representatives, **agree to release, indemnify and defend Mountain Goal Adventure Consultant Sdn Bhd (MMG)** with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable attorneys fees) made or brought by anyone, including a co-participant, third party, my child, or any members of my or my child's family arising out of any injury, damage, death, of other loss in any way connected with my or my child's participation in **MMG** activities or use of **MMG** equipment or facilities. **This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of MMG. I understand I agree here to waive all claims against MMG, and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against MMG, as a result of any injury, damage, death or other loss suffered by me or my child. I also agree that Malaysian Law shall govern this agreement.**

I authorize **MMG** personnel to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorize **MMG** staff or other medical personnel to render such treatment they deem necessary for my/my child's health. I agree that **MMG** has no responsibility for medical care provided to me/my child, and I agree to pay all costs associated with such care or evacuation whether or not authorized by me.

Photo Release: I authorize **MMG**, and /or parties designated by **MMG**, to use my or my child's photo for sale or reproduction in any manner **MMG** desires, for advertising, display, audiovisual, exhibition or editorial use.

Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of the Document, and those remaining provisions shall continue in full force and effect.

I have carefully read, understand, and voluntarily sign this Document and acknowledge that it shall be effective and binding upon myself, my family, heirs, executors, representatives and estate.

* Participant Signature	Date	Name & IC/Passport
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***THIS SECTION MUST BE SIGNED BY PARTICIPANT**