



Beacon Resort Sdn. Bhd. 200801038556 (839903D)

(Formerly known as Refreshing Springs Resort Sdn. Bhd.)

PT. 4049, Gumut Tambahan, Mukim Sungai Gumut, 44100 Kalumpang, Hulu Selangor, Malaysia.

Reservation: (+60)19-8333378 Customer service: (+60)13-388 1308

Email: customercare@beaconresort.com.my Website: beaconresort.com.my

DECLARATION AND DISCLAIMER

We, whose names as per identity card/passport, identity card/passport numbers and mobile numbers are set out below, are participants of the event organized by the organizer set out below:

Organisation Name / Personal Name: _____

Organiser Name: _____

We agree and understand that we are participating in the Event organized by the Organiser voluntarily and on our own volition, in the activities for example jungle trekking, hot spring, riverside, hydrogen spa ("the Activities") at Beacon Resort at our own risk and under our sole responsibility.

We hereby declare that we are aware that there may be dangers and risk involved in participating in the Activities. In the event that we injured or suffered damages in any way during the Activities, we confirm and declare that **Beacon Resort Sdn Bhd** and/or its directors, shareholders, employees, contractors and service providers shall not be held liable or responsible for mishap, accident or injury during our participation in the Activities and/or for any infection from any communicable disease including Covid-19 and influenza during and after the Activities.

We hereby declare and confirm that :

- (a) We are fit and able bodied to participate in the Activities;
- (b) We are not pregnant (for female participants) and/or do not have any kind of medical problem or history including without limitation to heart problems or such other illnesses which may cause harm or injury upon ourselves if we participate in the Activities; and
- (c) We have read the guidelines provided by Beacon Resort for the Activities and acknowledge and confirm our understanding of the guidelines.

For Organiser (Handwritten ONLY)

Signature : _____

Witness Signature : _____

Name : _____

Witness Name : _____

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