



**GROUP MEMBERSHIP (If Any)**

CELEBRITY FITNESS/FITNESS FIRST

**TEAM NAME**

**TEAM MEMBER 1 - NAME**

**T-SHIRT SIZE:**

XXS  XS  S  M  L   
 XL  2XL  3XL  4XL

**ADDRESS**

**IC/PASSPORT NO.**

**MOBILE NO.**

**E-MAIL ADDRESS**

**GENDER**

**TEAM MEMBER 2 - NAME**

**T-SHIRT SIZE:**

XXS  XS  S  M  L   
 XL  2XL  3XL  4XL

**ADDRESS**

**IC/PASSPORT NO.**

**MOBILE NO.**

**E-MAIL ADDRESS**

**GENDER**

**TEAM MEMBER 3 - NAME**

**T-SHIRT SIZE:**

XXS  XS  S  M  L   
 XL  2XL  3XL  4XL

**ADDRESS**

**IC/PASSPORT NO.**

**MOBILE NO.**

**E-MAIL ADDRESS**

**GENDER**

**TEAM MEMBER 4 - NAME**

**T-SHIRT SIZE:**

XXS  XS  S  M  L   
 XL  2XL  3XL  4XL

**ADDRESS**

**IC/PASSPORT NO.**

**MOBILE NO.**

**E-MAIL ADDRESS**

**GENDER**

### DECLARATION OF INDEMNITY

I understand the terms and conditions of the event and agree to be bound by them. In consideration of the acceptance of my entry, and my being permitted to take part in this event, I agree to indemnify the event organizers, the event management, the Malaysian Government, the sponsors and the venue owners, together with such people who are responsible for the organization of the event and the respective officers, representatives, employees and agents from all actions, claims, costs, expenses and demands in the respect of injury or death to myself, and/or loss or damage to my property however caused. I will not litter at any venue or event location, and will strictly refrain from any act of destruction, environmental or otherwise. I shall not in any way whatsoever use the event name and logos without the written permission of the organizer on any advertisement, printing or promotional materials.

**REGISTRATION DETAILS:**

**Closing Date: OCTOBER 17, 2018, WEDNESDAY.**

Payment to be made to: **RED ADVENTURE SDN. BHD.**

AMOUNT: ~~RM200~~ / Team Discounted to RM150.00

BANK NAME: **MAYBANK** | ACCOUNT NO: 5622 0964 8380

ADDRESS: Block E-3-7, Plaza Arkadia; Jalan Intisari Perdana; Desa Parkcity, 52200, Kuala Lumpur

Please e-mail the transfer receipt or deposit slip together with this registration form to register@redadventure.net.

**CONTACT DETAILS:**

TEL: 03-2770-5355 MOBILE: 016-349-5115

From Monday - Friday, 9.00 AM-6.00 PM

E-mail: register@redadventure.net

For more info, visit: [www.redadventure.net](http://www.redadventure.net)

**SIGNATURE (Team Representative):**

**DATE:**

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**FOR PARTICIPANTS UNDER 18 YEARS OF AGE:**

I, .....

NRIC / PASSPORT NO: .....

as parent/legal guardian of the participant named .....

whose particulars appear above, confirm that I have fully read and understood

the effect of the above Declaration Of Indemnity and hereby agree and declare

on behalf of the participant that the purpose of the Declaration Of Indemnity

will have equal effect on the participant. I hereby consent to his/her participation

in the event.

**SIGNATURE (Parent/Guardian):**

**DATE:**

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