



**INDEMNITY FORM**

**WAIVER OF LIABILITY, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT FOR IIUM  
PROGRAMME/EVENT**

OCCUPATIONAL SAFETY, HEALTH AND BUILT ENVIRONMENT (OSHBE) DEPARTMENT

In consideration of my participation in the programme, I  
..... (Name), ..... (Matric/Staff/ID  
no.) hereby guarantee the organiser, IIUM, and whoever may be concerned free and harmless from  
any consequences including any causes of action resulting from personal injury, loss, or illness I  
might suffer from the ..... (Name of  
programme/event).

I acknowledge that my participation in this programme may result in personal injury to myself due to  
the endurance nature of the programme, the inherent risks associated, and in varying weather  
conditions. I fully accept these risks.

I hereby agree to all the terms and conditions of the liability waiver and risk assumptions above.

Signature of participant:

Date: