



(Club Reg. No. 8328/2016)

AMS EQUESTRIAN CLUB ENTRY FORM

Please attach your recent passport size photographs

ENTRY SELECTIONS
(please tick)

YOUTH
(below 18 years old)

INDIVIDUAL
(18 years old & above)

Required Documents	No. of Copy
Passport Photograph	1
Photocopy of I.C	1

** Any supporting documents are required

PERSONAL DETAILS

NAME OF APPLICANT :

NRIC / PASSPORT NUMBER : NATIONALITY :

DATE OF BIRTH : RACE :
D D M M Y Y Y Y

RELIGION : GENDER : M F

PERMANENT ADDRESS :

MAILING ADDRESS :

TEL. NO (HOME) : - MARITAL STATUS : SINGLE MARRIED

TEL NO. (OFFICE) : - H/P NO. : -

EMAIL ADDRESS :

T-SHIRT SIZE : XS X M L XL 2XL

TYPE OF VEHICLE : 1. VEHICLE REG. NO. : 1.
(Model) 2. 2.

EMERGENCY CONTACT

FULL NAME :

NRIC / PASSPORT NUMBER : RELATIONSHIP :

DATE OF BIRTH : OCCUPATION :
D D M M Y Y Y Y

TEL NO. (OFFICE) : - H/P NO. : -

TEL. NO (HOME) : -

CORPORATE DETAILS

This part to be filled by Corporate customer only

NAME OF APPLICANT :

COMPANY NAME :

COMPANY ADDRESS :

COMPANY REG. NO. :

 TEL. NO. (OFFICE) :

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ADDITIONAL INFORMATION

Did you have experience in horse riding? : YES If **YES**, please indicate numbers of your experience :

 NO

Did you ever have attended any courses horse riding? : YES If **YES**, please state the name of course :

 NO

Have you ever involved in any accidents for the last 6 months? : YES If **YES**, please state type of injury :

 NO

Have you ever have any serious / prolong illness? : YES If **YES**, please state type of illness :

 NO *(requires approval letter from the doctor)*

Are you currently pregnant? : YES If **YES**, not advisable to participate in any equine activities
 NO

PAYMENT DETAILS

TOTAL AMOUNT : RM

 :

 BANK NAME :

PAYMENT METHOD : CASH CHEQUE ONLINE BANKING DEBIT/CREDIT CARD

CHEQUE/BANKDRAFT NO. :

CREDIT CARD NO. :

Being payment of following:-

- | | | |
|----|--|--|
| 1. | <input type="checkbox"/> REGISTRATION FEE | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 2. | <input type="checkbox"/> INSURANCE - YOUTH | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 3. | <input type="checkbox"/> INSURANCE - ADULT | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 4. | <input type="checkbox"/> PACKAGE A | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 5. | <input type="checkbox"/> PACKAGE B | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 6. | <input type="checkbox"/> AD-HOC RIDING (MALAYSIAN) | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 7. | <input type="checkbox"/> AD-HOC RIDING (NON-MALAYSIAN) | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |
| 8. | <input type="checkbox"/> HORSE TRAIL | RM <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> : <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> |

DECLARATION

The undersigned Customer of AMS Equestrian Club (AMSEC) (on his/her own behalf and as the Parent(s)/Legal Guardian(s) of a Customer), or invitee, visitor or other guest of Customer or AMSEC (collectively "Customer"), agrees to the following terms & conditions:-

Assumption of Risk and Waiver: Customer understands and accept the risks of engaging in equine activities and merely being near a donkey, horse, mule, or pony (collectively "equine"), including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant for example: - jump, kick, run, buck, bolt, spin, rear up, strike, or bite), (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals, (for example: -kick, buck, bolt, spin, rear up, strike, or bite), and (iii) the hazards of surface or subsurface conditions. Customer understands the resulting injuries, death, and property damage that may result from the accepted the risk of engaging in equine activities or just being near an equine, that equines are powerful and have the potential to be dangerous, even without warning, and that the risks listed in this Agreement are just a sampling and Customer is not relying on the Released Parties to this Agreement to list all possible equine-related risks. Customer therefore agrees, on his/her own to at all times to be responsible for his/her personal safety, remain financially responsible for his/her medical expenses, and waives his/her right to any claims arising from his/her participation in or observation of any equine activities, being near an equine, or mere presence on the property of AMS Equestrian Club ("Facility"). Customer understands the risk and danger inherent in equine activities and agrees to assume them on his/her own or his/her guests, visitors, family members, heirs, agents, and assigns.

Release, Hold Harmless, Indemnification: Customer agrees to release and hold the Facility, their respective relatives, directors, other members, partners, subsidiaries, affiliates, agents, assistant, managers, officers, representative, assigns, volunteers, employees, independent contractors, and other acting their behalf (collectively "Released Parties"), harmless for any illness, injury, death, damage, or other loss (collectively "Losses") incurred unless directly caused by their gross negligence or wanton and willful misconduct. Customer agrees to indemnify Released Parties against all Losses sustained or suffered by any person or entity (including, but not limited to, anyone a party or not a party to this Agreement), whether caused by Released Parties directly or indirectly, and which shall include the reimbursement of Released Parties' costs, expenses, and attorneys' fees.

Governing Law and Time Limitation: This Agreement shall be constructed and enforced in accordance with the laws of the State of Kedah. All disputes relating to the interpretation and enforcement of the provisions of this Agreement shall be resolved exclusively by the state Court of Kedah and further appellate Court jurisdiction accordingly, and the parties hereto hereby submit to the jurisdiction and venue of the Court for such purpose. Customer agrees that any and all claims and/or causes of action, for Losses by Customer, on his/her own behalf and/or on behalf of a minor Customer, against the Released Parties, must be brought within one (1) year of the date they accrue.

Attorneys' Fees: Customer agrees to reimburse Facility for any and all expenses, cost, and attorneys' fees incurred by it in enforcing the terms of this Agreement and/or in defending or prosecuting any claims or causes of action involving, or any way relating to Customer.

Customer Certification: Customer certifies that he/she has read this entire Agreement and understands, agrees, and intends on his/her own behalf, and on behalf of his/her heirs, agents, representatives, relatives, successors, and assigns, to be bound by all of the terms and conditions contained herein.

DATE :

SIGNATURE : _____

NAME : _____

ALL ADULT Customer must sign on his/her own behalf and as Parent(s)/Legal Guardian(s) if Customer(s) under 18 year's old

WARNING

UNDER THE EQUINE ACITVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES

FOR OFFICE USE ONLY

APPLICATION RECEIVED DATE :
D D M M Y Y Y Y

COMMENTS : _____

PAYMENT RECEIVED DATE :
D D M M Y Y Y Y

OFFICIAL RECEIPT NO. :

DATE :
D D M M Y Y Y Y

Passport Photograph

Photocopy(ies) of I.C / Passport(s)

Verified by,

Approved by,

ADMINISTRATION

NAME :
DATE :

MANAGEMENT/OPERATION

NAME :
DATE :