Universiti Tunku Abdul Rahman			
Form Title : **INDEMNITY FORM**			
Form Number : FM-DSA-CSU-010	Rev No: 1	Effective Date: 01/05/2011	Page No: 1 **of** 2

Activity: _____

Purpose of the activity: _____

Venue: _____

Date(s) of travel: From _____ to _____

Organizer: _____

Remarks: _____

The undersigned (as in the list below) fully understand that it is my sole responsibility to look after my own safety for the above event. In the event of any misfortune or accidental injury involving me, whether or not due solely to personal negligence or otherwise, I hereby declare that the University shall not be held responsible. Should any other person suffer such accidental injury as a result of any act whatsoever or omission on my part, I hereby undertake full responsibility, and I indemnify the University against any claims made against it in relations to such accidental injury.

Name	**ID. No.**	**Year**	**Class**	**Signature**	**Date**