



FAMILY OF DARC FORM

Office Use

Received by: _____

Membership No: _____

No. Receipt: _____

Date: _____

Approved by: _____

Remarks: _____

1. PERSONAL DATA

Name: _____

Date of birth: _____ Age: _____ yrs Race: _____

Address: _____

Phone: _____

NRIC/Passport No: _____

Nationality: _____

Marital Status: _____

Email: _____

HP: _____

2. EMPLOYMENT DATA

Name of Employee: _____

Office Address: _____

Nature of business: _____

Position: _____

Email: _____

Phone: _____

3. FAMILY

Name of Spouse: _____

Name of Children: _____

Name of Children: _____

Name of Children: _____

Name of Children: _____

Name of Children: _____

Name of Children: _____

Date of birth: _____ Age: _____ yrs

Date of birth: _____ Age: _____ yrs

Date of birth: _____ Age: _____ yrs

Date of birth: _____ Age: _____ yrs

Date of birth: _____ Age: _____ yrs

Date of birth: _____ Age: _____ yrs

Date of birth: _____ Age: _____ yrs

PROGRAMMES

I/my family would like to join:

Horse Riding Lesson

Horseback Archery

Archery

Volunteer

❖ My participation will take effect from _____ and I enclose my cash for RM _____ being for my entrance free.

❖ I have signed the waiver and indemnity form as reverse and I agree to abide by the Rules and Law of the DAR.

Signature of Applicant

Date



LIABILITY WAIVER FORM

Please read and sign the liability waiver below.

In consideration for membership in Denai Alam Recreational and Riding Club (hereinafter referred to as 'DARC'), I hereby release DARC and any other organizations or individuals in charge of or connected to DARC from any and all claims and liabilities from any accidents, injuries, damages, or losses incurred or suffered by me or anyone in my charge or care no matter what the nature or cause and I further agreed to indemnify and hold harmless the DARC and other organizations or individuals in charge of damages, costs, charges, expenses, legal fees or any other losses or expenses incurred resulting from any accidents, injuries, damages or losses incurred or suffered by any third parties resulting from any acts or actions on my part or by anyone in my charge, whether such acts were intentional, accidental or negligent which caused or contributed to the cause of accidents, injuries, damages or losses incurred or suffered by third party.

I do hereby certify that I have read the foregoing and agree to the same and further agree to abide all rules and regulations of the DARC.

Applicant: _____

Date: _____

Form A (01)