Waiver Form



(Please Print Clearly)

| HOW DID YOU FIND US? | | | | | |
|---|---|--|------------------|--|-------------------------------------|
| | ajhackett.com | | Television | | Travel Agent |
| | Macau Tower Visitor | | Magazine | | Tour Guide |
| | Ferry | | Social Media | | Tourist Information Centre |
| | Airplane | | Other websites | | Activity here before |
| | Taxi | | Friends / Family | | Activity at another AJ Hackett site |
| I, the undersigned, Mr. /Ms | | | | | |
| | - | | | | City: |
| Email: | | | | | |
| | | | | | |
| Telephone: Date of Birth: | | | | | |
| C | 1. Accept that the Bungy Jump, Skyjump, Skywalk, Tower Climb, Climbing Wall, and such other adventure activities as may be offered from time to time at the Macau Tower (collectively "the Activities") carry with them a substantial degree of potential risk of injury both to my person and my property. Knowing of that risk, I still wish to participate in the Activities and I hereby expressly agree to assume the risk of injury or damage to my person and/or property while participating in the Activities. | | | | |
| I r e | Hereby release, waive and hold harmless AJ Hackett Macau Tower Ltd ("the Company"), Shun Tak Management Services Group Limited, Sociedade de Turismo e Diversoes de Macau, SARL, Coldharbour Investment Pty Ltd, and AJ Hackett Asia Ltd., their respective directors, officers, employees and/or agents (collectively "the Released Parties") from all claims, losses, damages or expenses incurred either directly or indirectly as a result of, or in conjunction with, my participation in the Activities, including any claims, losses, damages or expenses which may be caused by the negligence of the Released Parties. | | | | |
| ŗ | Declare and confirm that I am physically fit to undertake the Activities and that I have no conditions or injuries which would prevent me from undertaking, or which may be adversely affected by, the Activities, including, but not limited to, epilepsy, pregnancy, neurological disorders, hernias, heart condition or vertigo. | | | | |
| | Hereby consent to receive medical treatment which may be deemed necessary in the case of injury, accident or illness during my participation in the Activities. | | | | |
| i i | Acknowledge and agree that the Company reserves the right to prohibit me from participating in the Activities if it determines in its absolute discretion that the safety requirements have not been complied with its satisfaction, or if I fail to comply with its instructions and/or requirements, or if the Company determines that my attitude or activities could place at unnecessary risk to my life and/or property or that of a third party. | | | | |
| ť | Agree that the Company has ownership of any recording of my participation in the Activities, and that the Company may use those recordings as it deems fit and without my prior consent. I further agree that any films, photographs or other recording of my participation in the Activities will not be used commercially or for gain or profit by myself or any third parties authorised by me in any promotion or advertising without the prior consent of the Company. | | | | |
| F t | Agree that the terms of this release shall be governed by laws of the Macau Special Administrative Region of the People's Republic of China ("Macau SAR") and I consent to the exclusive jurisdiction of the courts of Macau SAR. Have read the above terms and conditions and, by my signature below, confirm my agreement to the same in consideration of the Company allowing me to participate in the Activities. | | | | |
| C | The Company would also like to use my personal data to send me other marketing communications such as emails containing the company's news, offers, promotions and joint marketing offers. The Company need my written consent before they can use my data. If I do not agree to the proposed usage under this Clause 8, I will tick this box | | | | |
| Signature: Date: | | | | | |
| PARENTAL/GUARDIAN AUTHORISATION FOR CHILDREN UNDER 18 YEARS OLD | | | | | |
| I, the undersigned, authorizeborn on | | | | | on |
| to participate in the Activities subject to the above terms and conditions which I accept on his or her behalf. | | | | | |
| Client Signature: | | | Date: | | |

Date: _____

Witness: