TRAVEL AND TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER FORM FOR OFF-CAMPUS EDUCATIONAL COMPETITION TRIPS

We, _____ and _____,

as the legal guardians of _____, acknowledge that our child (hereinafter referred to as "the Participant") has applied to participate in an educational competition trip organised by Pinnacle Exam Centre (PEC).

During this trip, the Participant will compete in _____ (the competition name).

The Participant will travel to _____from _____/_____/_____ to _____/_____/_____.

We *acknowledge* the inherent risks associated with this trip activity, including the possibility of injury, illness, death, or loss of personal property. Despite safety measures taken by PEC, it cannot guarantee complete safety, as it is impossible to eliminate all risks. By voluntarily participating in this activity, we accept full responsibility for any known or unknown risks involved.

We *confirm* that we are mentally and physically capable of participating in the competition. To mitigate risks to ourselves and our property, we agree to adhere to appropriate attire and safety protocols, and to conduct ourselves in a responsible manner.

We *understand* that PEC does not provide health or accident insurance for trip participants. Any medical expenses, property loss, or personal expenditures incurred during or as a result of this trip are our own responsibility, or the responsibility of our parent or guardian if we are a minor (under 18 years old).

We *acknowledge* that PEC does not provide auto insurance. We understand and accept that PEC is not responsible for private vehicle transportation used by participants, nor for any non-sponsored activities before, during, or after the competition.

In the event of illness or injury, we authorise PEC or its personnel to provide or seek

medical treatment, including emergency transport or dental intervention. We agree to bear all associated costs and expenses.

Below, we have provided information related to allergies, medical conditions, and medication essential to our treatment.

We *certify* that the information provided regarding allergies, medical conditions, and essential medications is accurate and complete. We agree to comply with all rules and regulations.

Having thoroughly reviewed and understood this document, we voluntarily sign it. We are aware that by signing, we may be releasing legal rights and assuming liability for any associated risks.

Name of Participant/student: _____

Signature: _____

Parent/Guardian: _____

Signature: _____
(Required if the Participant is under 18 years old)

Date: _____/_____/_____.

Our allergies	
Our medical conditions	
Our medication essential to our treatment	