



TERMS AND CONDITIONS -POSE METHOD BASIC (PMB) RUNNING PROGRAM

1. Pose Method Basic Running Program is organised by RUN FAST ACADEMY (M) SDN BHD (Organizer), who is an authorised Pose Method training provider in Malaysia, and this program is open to the public.
2. Participants have 31 days from 1st September 2021 to 30th September 2021 to register for the program.
3. The online class session will start on 1st October 2021 to 31st October 2021.
4. This program consists of 4 class sessions that will be conducted in between the dates as stated in terms 3.
5. Participants are responsible for their attendance once dates are confirmed.
6. Participants who want to make any changes for the class date must make prior notice one week in advance before class begins.
7. Participants must be certified fit to participate in this program. The organizer shall not be liable for any accident, injuries or mishaps that happen during the event.
8. All payments are to be made in Ringgit Malaysia and it is based on the current conversion rate of the day. The conversion rate is subject to currency fluctuation.
9. Participants are to provide accurate, true, current and complete information. In the event, the organizer finds the information is inaccurate, untrue, not current or incomplete, we will contact the participants through email and/or text messages. Any notice sent by email address and/or text messages shall be considered as received by the participants. Organizers have the right to suspend or terminate the participants registration in the event we find the information is not accurate and the fees paid by the participants will not be refunded.
10. The Organizer reserves the right to use any photographs (including those of participants), motion pictures, recordings, or any other media records of the session, for any legitimate purpose including commercial advertising and distribution to the Organizer.
11. The organiser has the rights to amend the Terms & Conditions at any time at its sole discretion without any prior notice.

Registration Process

After registration is confirmed, the organizer (RUN FAST ACADEMY (M) SDN BHD) will contact the participants for date confirmation, and there will be no refund once dates are confirmed.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Run Fast Academy (M) Sdn Bhd and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Run Fast Academy and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders,



producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Participant's Name :
I.C Number :
Date :



NAME: _____ DATE: _____

HEIGHT: _____ cm WEIGHT: _____ kg AGE: _____

PHYSICIANS NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1.	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2.	Do you feel pain in your chest when you perform physical activity?		
3.	In the past month, have you had chest pain when you were not performing any physical activity?		
4.	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6.	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7.	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.