

To:  
**Director of Student LIFE**  
**SUNWAY UNIVERSITY | SUNWAY COLLEGE**  
 No.2 and 5, Jalan Universiti,  
 Bandar Sunway,  
 47500 Selangor Darul Ehsan,  
 Malaysia.

**LETTER OF CONSENT**

I desire to participate in the “Event/ Activity” as stated in the table below:

Event/ Activity Name	:	
Event/ Activity Date	:	<input type="checkbox"/> Day Trip <input type="checkbox"/> Overnight Trip
Event/ Activity Venue	:	

I fully understand that I am attending this event on my own accord and hereby agree not to hold Sunway University/Sunway College, its employees and organizers responsible in the event of any injury, loss and/ or damage which may have occurred during the period of activity.

I hereby fully consent for the institution(s) to disclose my personal data to the activity holders, producers, sponsors, organizers, and any other relevant third party in connection with the Event/ Activity and also publish testimonials, images, voices, opinion and other promotional materials relating to the Event/ Activity.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE AND EFFECTS.**

.....  
 Full Name of Participant                      Student ID of Participant                      Signature of Participant

.....  
 I.C./ Passport of Participant                      Program Study of Participant                      Date

**PARENT’S OR GUARDIAN’S UNDERTAKING**

*(To be completed by the parent/guardian, if the participant is below the age of 18 years)*

I certify that I am the parent or the legal guardian of Participant stated above hereby fully understand that he/she is attending this event on his/her own accord and agree not to hold Sunway University/Sunway College, its employees and organizers responsible in the event of any injury, loss and/ or damage which may have occurred during the period of activity.

.....  
 Full Name of Parent/Guardian                      Signature of Parent/Guardian

.....  
 I.C./ Passport of Parent/Guardian                      Date

**EMERGENCY CONTACT INFORMATION**

*(To provide at least one emergency contact)*

Name (1): ..... Relationship: ..... Contact #: .....

Name (2): ..... Relationship: ..... Contact #: .....

*\*This Letter of Consent is to be submitted to Student LIFE before the participant participates in the Event/ Activity.*