



BASSAC
Mekong Cruises

Tàu: _____

Người báo cáo: _____

Vị trí: _____

Đi: ___/___/_____

Tới: ___/___/_____

Hành trình: _____

Ngày giờ báo cáo: ___/___/_____

Miễn nhiệm - Sử dụng thuốc / Waiver - Use of Medicine

Whereas Cty TNHH Xuyên Mékong and its services, among which those of Mekong-delta.com and the Bassac (here-under: TransMékong) may make some select medicine available free of charge to its passengers and participants to its services

I,, request the use of medicine from the on-board cabinet, for the use of myself or a member of my party on board (here-under: Our Party).

I hereby declare that I am fully aware that:

- medicine on board is made available as is, without any claim of fitness for any condition;
- consuming *any* medicine is non-trivial and presents risks;
- it is my responsibility to assess which medicine and dosage are appropriate for my or Our Party's purpose.

I nevertheless request the use of medicine, and commit to use it only for my or my party's consumption, immediately or within the 12 hours after the end of the services or final disembarkation, whichever comes first.

I hereby:

- **waive** any and all claims that I have or may have in the future against TransMékong, its directors, officers, employees, agents, or representatives (here-under: the Releasees);
- **release** the Releasees from any and all liability for any loss, damage, injury, expense, or other cost that I may suffer or that my next of kin may suffer in connection with Our Party's use of medicine from the board.
- **declare that I am** over 18 years old and **responsible** for the decision to use medicine for Our Party.
- declare that this Waiver, Release, and Agreement is **fully effective** and shall be effective and binding upon me and my heirs, next of kin, executors, administrators, and assigns, or anyone else authorized to act on my behalf or on behalf of my estate.

I have read and understood this document. I am aware that by signing this document, I am waiving certain legal rights that I may have against The Releasees, and I fully agree to do so.

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Signed: Print: Date:

Date of Birth:

Group ID / Name			
Date and time	Medicine	Form & dosage	Quantity
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