INDEMNITY & PARENT CONSENT FORM

**Details of Participant & Next Of Kin**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Full Name | | Gender  (M/F) | NRIC / FIN | | DOB | Age | | Class  (VI/ID/CP/MD/PI – ST or WH) |
| Full Name | | M/F | ID No. | | DD/MM/YYYY | Age | | Select Class. |
| Address : | Address | | | | | | Postal code:  Postal code | |
| Participating Sport: | Participating Sport | | | | | | | |
| Next-of-Kin Details | | | | | | | | |
| Next-of-Kin  Full Name: | Salutation:  Dr  Mr  Mrs  Ms  Mdm | | | | | | | |
| Full Name | | | | | | | |
| Relationship to Participant : | Relation to Participant | | | | | | | |
| Contact : | (mainline) | | | (mobile) | | | | |
| Email : | Email address | | | | | | | |

**Indemnity Clause**

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| --- | --- |
| By submitting this form, I, Full Name , NRIC/FIN hereby agree to take part in the Singapore National Para Games 2016. I will not take any legal actions and/or make any claims against SDSC, event officials, instructors, volunteers and all persons and/or agencies associated with the games, in the event of any injuries or mishap to self or equipment, arising from my participation before, during, and after the commencement of the competition/activities.  I also declare that I am fit to participate in the tournament.  I agree that I have been given the opportunity to seek legal advice and/or have waived such right before signing the document. | |
| Signature | Date : DD/MM/YYYY |

**Parent Consent (to be completed by parent/guardian)**

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| --- | --- | --- |
| I, Full Name of Parent/Guardian , NRIC/FIN am the parent/guardian of the above Full Name of Child/Ward . I consent to my child/ward taking part in the games, and I agree to the indemnity and waiver set out in this form. | | |
| Name of Parent/Guardian | Signature of Parent/Guardian | Date : DD/MM/YYYY |