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 2017. 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 |

**Personal Data and Protection Act**

* By signing below, you consent to the collection, use and/or disclosure of the participant’s personal particulars by SDSC for the purposes of organising this event, and/ or uses by SDSC for analysis and research purposes pertaining only to matters in relation to such events/ programmes.
* The personal details of registered participants may be added to SDSC’s contact list, and participants may be sent regular updates on future engagement events and programmes organised by SDSC, as well as opportunities to contribute, share opinions and/or feedback.
* In the event that registered participants do not wish to receive regular updates on future engagement events and programmes organised by SDSC, as well as opportunities to contribute, share opinions and/or feedback, please inform and provide clear instructions to SDSC in writing at [snpg@sdsc.org.sg](mailto:snpg@sdsc.org.sg) or sdsc@sdsc.org.sg within 14 days from event date itself. Please note that SDSC will subsequently be unable to inform you of subsequent engagement events.
* Any photographs, motion picture videos, recordings, or any other media records of this event may be used by SDSC for any legitimate purpose, including any commercial and marketing uses, and/ or to be uploaded onto SDSC’s media sites and channels. These images will help SDSC with our cause to raise awareness for disability sports.
* In the event that a registered participant does not wish for his/her photographs and/or any other media records of him/her at this event to be used by SDSC, please inform and provide clear instructions to SDSC in writing at [snpg@sdsc.org.sg](mailto:snpg@sdsc.org.sg) or sdsc@sdsc.org.sg.
* Please update SDSC at [snpg@sdsc.org.sg](mailto:snpg@sdsc.org.sg) or sdsc@sdsc.org.sg of any changes in contact details so as to facilitate communication.

|  |  |  |
| --- | --- | --- |
| Name of Parent/Guardian | Signature of Parent/Guardian | 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 |