

N.E.X.T Challenge 2010



INDEMNITY FORM

<<To be completed by participants above 21 years of age>>:

Please fill in this form and bring it with you when you come down for the **NEXT Challenge** briefing on 11 September 2010 at Pasir Ris East CC (MPH) at 1pm.

I, _____ (Name) of _____ (NRIC / Passport No.), hereby declare that I am participating in the < **N.E.X.T. Challenge 2010** > on <**19 Sept 2010**>, (collectively, the "Race") on my own free will and volition. I am aware of the possible risks involved and in consideration of being permitted by the <**Northeast District Youth Clubs**> and the **People's Association Youth Movement (PAYM)** to participate in the Race and hereby for myself, my successors, personal representatives and assigns:

(a) do hereby absolve, acquit and discharge the PAYM and its officers, servants, employees, agents or volunteers from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation, physical injury, loss of life or property damage) caused by or sustained as a result of my participation in the Race; and

(b) will NOT hold the PAYM and its officers, servants, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my participation in the Race.

Participant's Name

Participant's Signature & Date

In case of emergency, please contact

Name of Parent / Guardian (*Dr/Mr/Mrs/Mdm/Ms):
Relationship to Participant:
Home No.:
Office No.:
Mobile No.:
Email Address:

N.E.X.T Challenge 2010



INDEMNITY FORM

<<To be completed by parent/guardian of participants below 21 years of age>>:

Please fill in this form and bring it with you when you come down for the **NEXT Challenge** briefing on **11 September 2010** at Pasir Ris East CC (MPH) at 1pm.

I, _____ (Name) of _____ (Passport / NRIC No.), *parent/guardian of _____ (Name) of _____ (Passport / NRIC No.), hereby acknowledge that I consent to my *child/ward participation in the < **N.E.X.T. Challenge 2010** > on < **19 Sept 2010**>, (collectively, the "Race"). I am aware of the possible risks involved and in consideration of my *child/ward being permitted by the < **Northeast District Youth Clubs**> and the **People's Association Youth Movement (PAYM)** to participate in the Race, I

(a) do hereby absolve, acquit and discharge the PAYM and its officers, servants, employees, agents or volunteers from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation, physical injury, loss of life or property damage) caused by or sustained as a result of my *child's/ward's participation in the Race; and

(b) will NOT hold the PAYM and its officers, servants, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my *child's/ward's participation in the Race.

Name of *Parent/Guardian

Parent's/ Guardian's Signature & Date

In case of emergency, please contact

Name of Parent / Guardian (*Dr/Mr/Mrs/Mdm/Ms):
Relationship to Participant:
Home No.:
Office No.:
Mobile No.:
Email Address:

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MEDICAL DECLARATION

Please tick (✓) where applicable.

HAVE YOU EVER HAD	No	Yes	If YES, please provide brief description such as when, diagnosis, treatment, medication was received and whether the condition is stable.
a) High Blood Pressure			
b) Diabetes			
c) Asthma			
d) Tuberculosis			
e) Heart Disease			
f) Bone or Joint Injury			
g) Skin Diseases			
h) Physical Disabilities			
i) Hearing Problem			
j) Eye Problem (excluding short-sightedness)			
k) Neurological problems (example fits, stroke)			
l) Nervous problem (e.g. anxiety, schizophrenia)			
m) Operations or admission to hospital			
n) Allergy to medicine/food			
o) Other Medical Problems/Conditions (include pregnancy)			

SELF-DECLARATION

I declare that all the information given above is true and correct.

Participant's name

Participant's Signature and Date

CERTIFICATION BY CLINIC / MEDICAL EXAMINER (APPLICABLE FOR 'YES' DECLARATIONS)

I have examined _____ (name) on _____ (date) and found him/her FIT/UNFIT to participate in the Race above.

Remarks, if any

Name of medical examiner

Signature and date

Clinic stamp