

LETTER OF WAIVER AND INDEMNITY (GETACTIVE! SINGAPORE PESTA SUKAN 2024 PARTICIPATION)

To: Singapore Sports Council (rebranded as "Sport Singapore" with effect from 1 April 2014)

LETTER OF WAIVER AND INDEMNITY TO SPORT SINGAPORE ("SportSG")

Pesta Sukan 2024 :	
Start Date:	
End Date:	
Venue:	

Dear Sirs/Mdm,

1.	l,	(name),	(NRIC/Passport	No.) of
			(address) wish to participate in
	the Pesta Sukan 2024.				

- 2. I warrant that I am in good health and have no physical condition that would endanger my life while participating in the Pesta Sukan 2024.
- 3. Whilst reasonable precaution will be taken by SportSG and/or its agent/s to ensure the safety of participants, I understand that I take part in the Pesta Sukan 2024 as a participant at my own risk. I confirm and agree that SportSG and/or its agent/s will not be held liable by me for any personal injury or death arising from my participation in the Pesta Sukan 2024 or for any loss of or damage to my property arising from my participation in the Pesta Sukan 2024, except for such injury or death that is caused directly by SportSG's or its agent/s' gross negligence.
- 4. In consideration of SportSG allowing me to participate in the Pesta Sukan 2024, I undertake that if, in the course of the Pesta Sukan 2024, I deliberately or negligently cause any injury (whether fatal or otherwise) to any person or any damage to or loss of any property of any person, I shall indemnify SportSG if that suffering person makes claims or takes actions against SportSG or SportSG has to pay for costs or expenses.

- 5. I represent that I am at least 18 years of age; or that, if I am under 18, my parent / legal guardian has signed below.
- Yours faithfully,

	NRIC:
[Signature of participant]	
Name:	Date:
<u>To be completed by Parent / Guardian</u>	
	(Name of parent / guardian) of NRIC Noof
	(Address) am the parent / guardian of the above
named	(name of child / ward). I consent to the said
	(Name of child / ward) taking part in the Pesta Sukan 2024, and I agree
to the waiver and indemnity that are set ou	t in this document.

[Signature of Parent / Guardian]

Name: _____

NRIC:

Date: