



# AstroChallenge 2015

---

## Appendix V – Consent & Indemnity Forms

### ASTROCHALLENGE 2015

#### CONSENT AND INDEMNITY FORM

I, (Dr/Mr/Mrs/Mdm)\* \_\_\_\_\_, the parent/guardian\* of \_\_\_\_\_ hereby grant permission to allow my son/daughter/ward\* to participate in AstroChallenge 2015 held at:

NTU – 11<sup>th</sup> June 2015

NUS – 13<sup>th</sup> June 2015

or such extended period as may be deemed necessary for the completion of the event. AND I, \_\_\_\_\_ (student's name), from \_\_\_\_\_ (student's school) hereby confirm that I am participating in the above stated event voluntarily and by my own free will. I/We\* further agree that:

- I/We\* **will abide by** the applicable **rules and regulations** as may be prescribed from time to time by the AstroChallenge 2015 Committee; and
- I/We\* **will not hold** the AstroChallenge 2015 Committee or any full time or part time staff **responsible or liable** in any way for, and that no right of action shall arise from, any loss or damage (including, without limitation, personal injury and property damage) caused by or sustained as a result of my child's/ward's (as applicable) participation in the activities, whether through: (i) neglect on the part of the AstroChallenge Committee or any of its full time or part time staff; or (ii) otherwise; and
- I/We\* **will indemnify** the AstroChallenge 2015 Committee and keep the Committee indemnified against all losses, claims, demands, actions, proceedings, damages, cost expenses, and any other liability arising in any way from my child's/ward's (as applicable) participation in the activities or any breach of my child's/ward's (as applicable) undertakings hereof



# AstroChallenge 2015

- I/We\* am/are aware of the possible risks involved in the event and accept the same, notwithstanding the fact that the event is intended only for those without medical problems and who are in a state of sufficient physical fitness to participate in the same. Participation in this event is at the participant's sole risk.

**To be completed by parents/legal guardians of students:**

Signature of Parent/Legal Guardian\* : \_\_\_\_\_  
 Name of Parent/Legal Guardian\* : \_\_\_\_\_  
 Date : \_\_\_\_\_

**To be completed by all students:**

Signature of Participant : \_\_\_\_\_  
 Name of Participant : \_\_\_\_\_  
 Date : \_\_\_\_\_

**CONTACT PERSON(S) (PARENT OR GUARDIANS) IN SINGAPORE**

Name	1.	Relationship with Participant	1.
	2.		2.
Address	1.		
	2.		
Contact No	1.	Language Spoken	1.
	2.		2.

\* Delete where applicable

\*\*\* End of Form \*\*\*