

INDEMNITY FORM

1. By registration in this Basic Helm Award (Personal Skills Level 1), I have agreed that I will not hold the Singapore Dragon Boat Association (SDBA), their appointed staff or officials, responsible for any mishaps, injuries, damages or loss of life and/or property that may occur in the workshop, or as a result of participating in this Basic Helm Award (Personal Skills Level 1). I will indemnify the SDBA, their appointed staff or officials, against any actions, proceedings, liabilities, claims, damages and expenses by any party however arising out of or in connection with this course.

I. DECLARATION AND AUTHORISATION (FOR 21 YEARS OLD AND ABOVE)

I hereby apply for the admission to the Singapore Dragon Boat Association Basic Helm Award (Personal Skills Level 1), I declare that the information given in this is true and complete. I understand if falsified information is submitted, admission will be rescinded. If accepted for this Basic Helm Award (Personal Skills Level 1), I will comply with all stated in the above (Point 1) of the SDBA.

Signature of Participant

Date

II. PARENT'S/GUARDIAN'S CONSENT (FOR BELOW 21 YEARS OLD)

I, (Name) _____, NRIC No.: _____ *parent/guardian
of (Name of participant) _____ *consent / do not consent to my *child /
ward participating in the abovementioned workshop.

I understand that although SDBA will take all the necessary precautions to ensure the safety of my *child / ward, SDBA and their appointed staff or officials will not be liable for any accident, injury or loss sustained by my *child / ward during the workshop except where the same is caused by either the negligence or wilful act of omission of SDBA or their appointed staff or officials.

I hereby apply on behalf of my *child / ward for the admission to the Singapore Dragon Boat Association Basic Helm Award (Personal Skills Level 1), I declare that the information given in this is true and complete. I understand if falsified information is submitted, admission will be rescinded. If accepted for this Basic Helm Award (Personal Skills Level 1), my *child / ward will comply with all stated in the above (Point 1) of the SDBA.

Signature

Date

Look forward to your participation. Thank You.

Please note the followings:

1. Payment must be made by **CHEQUE**. Please mail this completed form with a cheque made payable to **Singapore Dragon Boat Association** at:

**Singapore Dragon Boat Association
Kallang Water Sports Centre
No 10 Stadium Lane
Singapore 397774.**

***Kindly indicate Name of Participant and Name of Programme on the reverse of your cheque. Please DO NOT send post-dated cheque.**

2. Registration will be confirmed only upon receipt of payment and No refunds will be entertained.
3. For further information, please contact Mr Lim Wee Kok @ Tel: **64409763** or Email: admin@sdba.org.sg

FOR OFFICIAL USE ONLY

Mode of Payment:

S\$60.00 _____ Bank / Cheque No.: _____

Processed by:

Name of SDBA Staff: _____

Signature/Date: _____

Look forward to your participation. Thank You.