

ROMP 18 PERSONAL PARTICULARS AND INDEMNITY FORM

Name: _____ Gender: _____

Nationality : _____ Date of Birth: _____

Address : _____ Postal Code: _____

A TO BE COMPLETED BY INDIVIDUAL PARTICIPANT

I, (Name) _____, (NRIC No.) _____
declare that the information I have provided above is true and correct. I am currently not suffering from any pre-existing medical condition and I am physically fit to participate in ROMP. I am aware that my voluntary participation in ROMP entails a risk of accidents, personal injuries, death and loss otherwise arising, and I hereby accept all and any risk involved in my participation in ROMP. I undertake to comply with all safety requirements and instructions of the Organiser (Harvest Care Centre). I confirm that I have read and fully understood the ROMP 2018 Terms and Conditions and I hereby undertake to abide by the same. I, with my executors and assigns, agree to indemnify and not hold the Organiser, its assigns, officers, servants, agents and/or volunteers responsible or in any way liable for any death, disability, personal injury, loss of property or any other loss, damage, liability, claim, action and expense of any nature howsoever arising from any cause whatsoever at any time during the course of my participation in ROMP.

EMERGENCY CONTACT PERSON: _____ CONTACT NO.: _____

Signature of Participant _____ Date _____

B TO BE COMPLETED BY PARENT/GUARDIAN OF PARTICIPANT WHO IS BELOW 21 YEARS OF AGE

I, (Name) _____, (NRIC No.) _____

declare that I am the parent/guardian* of (Name) _____, (NRIC No.) _____
and that the information provided above is true and correct. My child is currently not suffering from any pre-existing condition and my child is physically fit to participate in ROMP. I am aware that my child's participation in the Tournament entails a risk of accidents, personal injuries, death and loss otherwise arising, and my child and I hereby accept all and any risk involved in my child's participation in ROMP. I undertake to ensure that my child complies with all safety requirements and instructions of the Organiser (Harvest Care Centre). I confirm that I and my child have read and fully understood the ROMP 2018 Terms and Conditions and I hereby undertake to ensure that my child abides by the same. My child and I, together with my child's executors and assigns, agree to indemnify and not hold the Organiser, its assigns, officers, servants, agents and/or volunteers responsible or in any way liable for any death, disability, personal injury, loss of property or any other loss, damage, liability, claim, action and expense of any nature howsoever arising from any cause whatsoever at any time during the course of my child's participation in ROMP.

EMERGENCY CONTACT PERSON: _____ CONTACT NO.: _____

Signature of Parent / Guardian*

Contact Number