

INDEMNITY FORM

I wish to join any activities organized by the Singapore campus of James Cook University, from date of signed contract, which I agree to abide by the Rules and Regulations. I am fully aware of the possible risks involved and accept the same, notwithstanding the fact that this activity is intended only for those without medical problems and who are fit enough. I declare that I do not have any medical problem which could preclude me from taking part in any activities. I confirm that I am enrolling on my volition.

I hereby indemnify and agree to keep the Singapore campus of James Cook University, its management and organizers of the event fully indemnified against all claims, loss or damage whatsoever in respect of death, injury, disability or any loss or damage whatsoever arising from any cause in connection with the activity or my participation therein.

<u>Personal Particulars</u>		
Name:	Gender: Ma	<u>le/Female</u>
Address:		
Name of School/Institution:		
Email:	Date of Birth (dd/mm/yy):	
Handphone No.:		
Signature		Date
I consent to my child/ ward* participat responsibilities connected with the act		ept all legal and other
I hereby indemnify and agree to keep t and organizers of the event fully indem respect of death, injury, disability or ar connection with the activity or my part	nnified against all claims, loss or only ny loss or damage whatsoever ari	damage or whatsoever in
Name of Parent/Guardian*	NRIC/ Passport No	Signature
Contact No. (In case of emergency)		Date



