



LETTER OF WAIVER AND INDEMNITY (GETACTIVE! SINGAPORE PESTA SUKAN 2021 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 2021 :	
Start Date:	
End Date:	
Venue:	

Dear Sirs/Mdm,

1.	I,	 (name),	(NRIC/Passport	No.) of
		 	(address	s) wish to participate in

the Pesta Sukan 2021.

- 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 2021.
- 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 2021 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 2021 or for any loss of or damage to my property arising from my participation in the Pesta Sukan 2021, 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 2021, I undertake that if, in the course of the Pesta Sukan 2021, 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 16 years of age; or that, if I am under 16, my parent / legal guardian has signed below.

Yours faithfully,

	NRIC:
[Signature of participant]	
Name:	Date:
To be completed by Parent / Guarc	lian
	(name of parent / guardian) of NRIC No of
named	(name of child / ward). I consent to the said
the waiver and indemnity that are set	(name of child / ward) taking part in the Pesta Sukan 2021, and I agree to

[Signature of Parent / Guardian]

Name: _____

NRIC:	

Date: _____