

INDEMNITY, UNDERTAKING and CONSENT

For Participants in **Accounting & Finance interclass competition**, please read and complete this form and submit it before or on the day of the orientation.

INDEMNITY

In consideration of Temasek Polytechnic agreeing to provide the A&F IG Subcomm Camp 2017 on 18 December 2017, I hereby undertake that I will make no claim against Temasek Polytechnic in respect of and will at all times hereafter indemnify and keep Temasek Polytechnic fully indemnified from and against all accidental damage, costs, claims and demands which may be made or claimed against Temasek Polytechnic or which Temasek Polytechnic may incur by reason of or in connection with:

Accidental damage to property whether of Temasek Polytechnic, employee of Temasek Polytechnic, myself or third party;

Accidental bodily injury caused to or distress contracted by any person, whether an employee of Temasek Polytechnic, third party or myself.

Name of *Participant/Parent/Guardian

Signature

Date

* To be signed by Parent/Guardian if participant is below the age of 21

UNDERTAKING

At all times, I will consider my fitness for the physical activities, and will monitor my level of participation accordingly. I agree to follow safety guidelines and requirements during the activities, and will hold Temasek Polytechnic blameless from all liabilities that may arise from my participation in the activities.

Signature of Participant

Date

CONSENT OF PARENT/GUARDIAN (for participants below the age of 21)

I, _____, NRIC / Passport No _____,

allow my child/ward _____ to attend the A&F IG Subcomm Camp

2017 on 27 October 2017.

Signature of Parent/Guardian

Date

(PART II): CONFIDENTIAL MEDICAL INFORMATION

A&F IG Inter-class competition 2017 normally involves participants in outdoor activities. While every care is taken by the organizers to ensure the safety of the participants, these activities may include some lifting, climbing and walking and are not intended to be rigorous. The degree of involvement is ultimately determined by the participant. Please read and complete the following. (Medical documentation should be produced if necessary as supporting documents. All personal particulars provided are for the purpose of communication in case of emergencies.)

PERSONAL PARTICULARS		
Name: _____ NRIC / Passport No: _____		
Nationality: _____ Sex: _____ Age: _____ DOB: _____		
Height: _____ Metres Weight: _____ Kilograms Date of Last Physical: _____		
Address: _____		
Tel: (H) _____ (O) _____		
MEDICAL INFORMATION - Is there a history of / have you ever had		
	No	Yes
1. Chest Pain, Coronary Problems, High Blood Pressure	___	___
2. Lung Problems (Asthma, Bronchitis, Tuberculosis etc.)	___	___
3. Head Injury, Fits, Epilepsy, Fainting Attacks, Migraine	___	___
4. Back / Neck Problems	___	___
5. Diabetes	___	___
6. Eye (Vision) / Ear (Deafness) Problems	___	___
7. Nervous illness	___	___
8. Arthritis, Bone or Joint injury	___	___
9. Surgery within the last 3 years	___	___
10. Allergies (Drugs, Food etc.)	___	___
11. Routine Medication Needs	___	___
If 'Yes' to any of the above, please specify: _____		
Special Dietary Needs (includes Halal & Vegetarian): _____		
Is there / Do you have any other disability or medical information you wish to highlight? _____		

For woman only: Are you pregnant? No ___ Yes ___		
Have you ever attended any outdoor training programme(s) before this one? If 'Yes' please specify date and organiser:		
1. _____ 2. _____		
In the event of an emergency		
Person to Contact: _____ Relationship: _____		
Address: _____ Tel: _____		

I declare that all the information provided by me/my child* are true and correct to the best of my knowledge and will be responsible to inform the School in the event there is a change to the declaration made prior to the event. Having considered my fitness level, I will monitor my own level of participation accordingly.

 Student Name/ Signature/ Date

 Parent/Guardian Name/Signature/Date

*Delete accordingly