



PROGRAMME DETAILS: **DBS MARINA BAY SAILING PROGRAMME**

DATE:

PERSONAL PARTICULARS (to be completed fully in CAPITAL LETTERS)

Full Name		NRIC / FIN / Passport No.	
Company / Organisation / School		Country of Birth	
Date of Birth (dd/mm/yy)	Age	Race	
Address		Sex Male / Female	
Postal Code		Email	
Contact Numbers Home Office Handphone		Emergency Contact Name of Contact Person Relationship Contact No. 1 Contact No. 2	

**DECLARATION
(FOR INDIVIDUAL)**

I agree to abide by the rules and regulations stated below and hold myself solely responsible for any mishap or injury that may occur during, or as a result of, my participation in the stated programme organized by Singapore Sailing Federation.

Signature of Applicant

Date

MEDICAL DECLARATION/HISTORY

1. Is participant currently on medication? If yes, please specify: Does he/she need assistance when administering medication?	Yes No <input type="checkbox"/> <input type="checkbox"/> Yes — No —
2. Does the participant suffer from any allergies? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Does the participant have any record of past injuries? If yes, please specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>
4. Does the participant have any other medical history which is not specified above? If yes, please specify:	Yes No <input type="checkbox"/> <input type="checkbox"/>
Name of family doctor : Contact No. :	

CONSENT OF PARENT/GUARDIAN (FOR APPLICANTS BELOW 21 YEARS OLD)

I, _____ (Name of participant/parent/guardian*, as applicable)

_____ (Passport or NRIC No.), *parent/guardian of

_____ (Name of participant/Passport or NRIC No.), hereby declare that *I/my *child/ward *am/is participating in the **DBS Marina Bay Sailing Programme** (the “Programme”) organized by DBS Bank Ltd in partnership with the Singapore Sailing Federation (the “Organisers”).

By participating in the Programme, I confirm that I/my child/ward is doing so of *my/his/her own free will and volition and I am aware of the risks involved. I accept that the Organisers shall be relying on the answers set out in this form, in particular, the medical history portion and confirm that the answers given above are accurate and not misleading.

In consideration of being permitted by the Organisers to participate in the Programme, I:

(a) do hereby absolve, acquit and discharge the Organisers (including its officers, servants, employees, agents or volunteers) from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage, to the extent permissible by law, (including, without limitation physical injury, loss of life or property damage) caused by or sustained as a result of *my/my *child/ward’s participation in the Programme;

(b) shall be fully responsible for any loss, damage (including, without limitation physical injury, loss of life or property damage) caused by or sustained as a result of *my/my *child/ward’s participation in the Programme where the answers given in this form were inaccurate or misleading; and

(c) will indemnify and keep indemnified, save and hold harmless the Organisers (including its officers, servants, employees, agents or volunteers) against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my/my *child/ward’s participation in the Programme.

** Delete where applicable. The guardian or parent’s express consent is required for any participant who is below 21 years of age.*

Note children must be above the age of 7 years old.