SEE AND BE SEEN 2016
INDEMNITY FORM

DECLARATION

I, (full name) _____, holder of NRIC / Passport No. _____, and mobile no. _____, consent to participate in the See And Be Seen (SABS) 2016. I hereby agree that I will not hold SABS committee, Firefly Connections Pte. Ltd and your organizers, sponsors, appointed officials or staff responsible for any mishap, injury, loss of life or damage to the property of goods whatsoever and howsoever occasioned during the event not due to negligence on their part. I further agree to keep the above mentioned indemnified from all claims, actions, damage, losses and expenses whatsoever and howsoever arising from the event.

I hereby certify that I will abide by all rules & regulations of SABS. I also declare that I am medically fit to take part in SABS 2016 with full knowledge of the consequences that may arise from my participation in the event, and do hereby, for myself, my executors, administrators and assigns, covenant with the organizers and sponsors to release them from any claims I may have against them in an event of injury, fatal or otherwise, that I may suffer as a result of my participation. I also agree that the decision of the Organizing Committee will be final and that no appeal will be entertained.

_____ _____
Signature of Participant Date

NEXT-OF-KIN PARTICULARS

Name: _____

Relationship: _____

Contact: _____(HP) _____(HM)

DECLARATION (*for participants below 16)

I, _____ (Name of Parent/Guardian), of _____ (Name of Participant), whose particulars are written as above, confirm that I fully understand and appreciate the effect of the below Declaration Clause, and hereby agree and declare on behalf of the Entrant that the purpose of the Declaration Clause will have equal binding effect on the Entrant. I will not hold the Organizers responsible for any loss of life or injury to person or loss or damage to property of goods whatsoever and howsoever occasioned at the Event.

_____ _____
Signature & NRIC of Parent/Guardian Date