

**Annex B**

**INDEMNITY FORM (TO BE SIGNED BY PARTICIPANT)**

1. I acknowledge and agree that participation in C’ Division Handball Tournament 2019 comes with inherent risks.
2. I have full knowledge of the foregoing risks and assume all such risks myself. In consideration of my participation in the C’ Division Handball Tournament 2019, I shall not hold Handball Federation of Singapore (HFS), its officers, agents and employees liable for any damage to or loss of property or any injury or loss of life where such damage to or loss of property or any injury or loss of life is not caused by the negligence of HFS, its officers, agents and employees.
3. I undertake to ensure strict compliance with all rules, regulations, requirements and instructions related to the C’ Division Handball Tournament 2019.
4. I understand that, should I be admitted to this C’ Division Handball Tournament 2019 on the basis of any false or inaccurate information declared by me, I may render myself liable to any appropriate action and such false or inaccurate declaration may result in the voidance of any insurance claim arising from or in connection with the C’ Division Handball Tournament 2019.

**Parent’s or Guardian’s Undertaking**

(To be completed by the parent/guardian if the participant is below the age of 21 years)

I, being the parent, guardian or person having the care and custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant), do consent that she/he may participate in C’ Division Handball Tournament 2019, and, in consideration of Handball Federation of Singapore, its officers, agents and employees permitting him/her to so participate, undertake that I will not, whether on behalf of my child / ward or in my own right, hold HFS, its officers, agents and employees liable for any damage to or loss of property or any injury or loss of life where such damage to or loss of property or any injury or loss of life is not caused by the negligence of HFS, its officers, agents and employees.

Name of parent/guardian / NRIC Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_