

INDEMNITY FORM FOR FO CAMP 2017

Freshmen Orientation Camp conducted by:	Camp period:
Venue/Location: Singapore	Programme Coordinator: Dept of Student Devt & Alumni Relations

I, _____ (NAME, parent/guardian*) _____ (NRIC No./PPT No.), give consent to and declare that my child/ward*, _____ (NAME), _____ (NRIC No./PPT No.) is **FIT** to participate in the above activity conducted by Singapore Polytechnic, its servants and organisers.

TERMS AND CONDITIONS

1. All students are advised to undergo a medical examination prior to the start of the programme/training/activity/camp. All students must be medically, mentally and physically able to participate in the programme/training/activity/camp throughout the entire duration of their involvement.
2. All students acknowledge that some of the activities may involve a significant degree of physical exertion and physical risk.
3. All students should **ONLY** participate when there is a qualified instructor/appointed personnel supervising the programme/training/activity/camp. In the event of additional programme/training/activity held without qualified instructor/appointed personnel, students must ensure that:
 - 3.1 They inform parents and officer-in-charge on all unofficial programme/training/activity (day/time/venue).
 - 3.2 They are responsible for their own safety during unofficial programme/training/activity.
 - 3.3 There are no clashes in venue/equipment with other CCA groups.
4. Subject to applicable law, Singapore Polytechnic will not be held responsible for any personal injury, death, and/or any other consequential misfortune/accident/loss/damage that may arise in the course of the programme. ⁽¹⁾

Note:

- (1) SP has obtained insurance policies for personal injury and/or public liability covering the students in the course of the programme. More details can be made available on request.

I have read and understood the above terms and conditions. I am aware of the possible risks involved and accept the same. I confirm that I am enrolling my child/ward* on my own volition and, subject to applicable law, shall not hold the Singapore Polytechnic, its servants and organisers responsible or in any way liable for my child's/ward's* personal injury, death, and/or any other consequential misfortune/accident/loss/damage whatsoever arising from any cause in connection with the programme/training/activity/camp. In the case of withdrawal from the programme, I agree to pay for any administrative/cancellation charges/cost incurred.

I grant my consent for my personal particulars to be collected and used and where applicable disclosed by Singapore Polytechnic to the relevant authorities/parties, for example, Ministry of Education, Ministry of Foreign Affairs, Ministry of Defence (MINDEF) etc. to facilitate programme execution, travel notices and for emergencies purposes etc.

Parent's/Guardian's Signature : _____	Student's Signature : _____
Parent's/Guardian's Contact No.: _____	Student's Name : _____
Parent's/Guardian's Email: _____	Student's Admin. No. : _____
Date: _____	Date: _____