Indemnity Form

Pleas	se bring this form duly complete	ed with you when yo	ou check in f	or Inter-Hall Game	s 14/15 –	
I,	(Name of student/parent/guardian, as applicable)					
		(Passport	or	NRIC	No.),	
		(Matriculation	No.)	*parent/guardia	n of	
		_(Name of student)		(Passport	
or N	RIC No.), hereby declare tha	t *I/my *child/ward	*am/is par	ticipating in the <u>I</u>	<u>nter-Hall</u>	
<u>Gam</u>	$\underline{\text{Games 2014/15}} \qquad \qquad \text{, from } \underline{\text{05}}$					
<u>Jan</u>	2015 to 18 Feb 2015 (the "	Event") of *my/his/	her own fre	e will and volition	n, *am/is	
awaı	e of the risks involved and	in consideration of	being per	mitted by the Co	nvening	
Com	mittee, National University of	Singapore ("NUS")	to participat	e in the Event, I, f	or myself	
*and my *child/ward, my successors, personal representatives and assigns:						
(a) (b)	agents or volunteers from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation and to the extent permissible by law, physical injury, loss of life or property damage) caused by or sustained as a results of *my/my *child/ward's participation in the Event; and					
•	ature e presence of:	D	ate			
Signature of Witness			Name & Passport/NRIC No. of Witness			

^{*}Please delete accordingly