



## Indemnity Form

I, \_\_\_\_\_ (Name of Participant), \_\_\_\_\_ (NRIC/Passport No./FIN), hereby declare that I am participating in Pawfect Health Day, on 6 March 2016 on my own free will and am aware of the risks involved. I fully understand the various measures taken by the National Kidney Foundation (NKF) for the safety and security of the participants. I shall not in any way hold NKF, its officers, agents, volunteers, staff and/or third parties liable or responsible for any loss, mishaps, accidents or injuries (including death) sustained from participating in the above-mentioned event and its related activities.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

In case of emergency, please contact: \_\_\_\_\_ (Name of Emergency Contact) at \_\_\_\_\_ (Contact Number).



## Parent / Guardian Consent

Participants who are below 18 years old are required to have their parent/legal guardian complete this form.

*\*Please delete accordingly.*

I, \_\_\_\_\_ (Name of Parent/Guardian\*), \*parent/guardian of \_\_\_\_\_ (Name of Participant) \_\_\_\_\_ (NRIC/Passport No./FIN), hereby allow my \*child/ward to participate in the event mentioned above. I am aware of the risks involved and fully understand the various measures taken by the NKF for the safety and security of the participants. I shall not in any way hold the NKF, its officers, agents, volunteers, staff and/or third parties liable or responsible for any loss, mishaps, accidents or injuries (including death) that my child/ward sustains from participating in the above-mentioned event and its related activities.

\_\_\_\_\_  
Signature of Parent/Guardian\*

\_\_\_\_\_  
Date

In case of emergency, please contact: \_\_\_\_\_ (Name of Emergency Contact) at \_\_\_\_\_ (Contact Number).