

Student Indemnity Form (participants below 21 years old) Circle of Hearts Programme

* Delete where applicable

Name (as in NRIC/Birth Certificate): _____		
NRIC/BC#: _____	Contact Number: _____	Duration for the Year : _____
<p>I agree and abide to uphold The National Kidney Foundation's ("NKF") name in an appropriate manner in accordance with NKF's Agreement and Volunteer Guidelines, a copy each of which has been made available to me, by displaying appropriate behaviour and conduct at all times during my volunteer service with NKF. In the event of any unfortunate incidents, injury, accident or mishap whether fatal or otherwise, my family and I shall not hold NKF, its staff and/or other volunteers and/or other persons responsible and shall defend and hold the same harmless from all claims and damages (personal injuries/death, mishap, etc) arising from my participation before, during and after the activity.</p>		
		_____ Signature / Date

Parent / Guardian's Consent Form

<p>I understand that as a volunteer with NKF Circle Of Hearts, my child/ward will be volunteering his/her services solely for his/her personal purpose or benefit without promise or expectation of compensation or benefits.</p>	
<p>I understand that NKF Circle of Hearts and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that NKF and/or its staff and/or its volunteers cannot assume responsibility for any injury/death, loss, damage or harm to any child or to his/her property during the course of the activity, including travelling to and from the activity site.</p>	
<p>I will not take any legal actions and/or claims (including but not limited to medical expenses etc) against NKF and/or its staff, volunteers and all persons and/or agencies connected with the activity and shall defend and hold the same harmless from all claims and damages (personal injuries/death, mishap, etc) arising from my child/ward's participation before, during and after the activity.</p>	
<p>In the event of an accident or illness requiring professional medical care (casts, stitches, X-ray, emergency surgery, hospital confinement, etc), I hereby authorise NKF, its staff & appointed volunteers to act on my behalf in giving my permission to obtain professional medical care, if it is deemed necessary, from a licensed physician, hospital or other medical facility.</p>	
<p>I fully understand the above agreement, and will not hold NKF, its staff & appointed volunteers, medics, physician, hospital etc responsible for any action taken for the professional emergency services performed.</p>	
<p>I also declare that my child/ward is medically and mentally fit to participate in this activity. I am aware that I can seek legal advice or have already sought legal advice, in respect of this waiver of liability before signing this document.</p>	
Parent/Guardian's Name: _____	Signature of Parent/Guardian: _____
Parent/Guardian's Contact No.: _____	
For Official use: _____	