YELLOWFISH
Training

Indemnity & Release Form Declaration

IMPORTANT – Please read this document carefully before signing

This is to certify that I, ______________________________, NRIC No. / Passport No. ____________________ acknowledge, to the best of my ability that I am in good health, have no known medical problem and have not been advised by any qualified medical professional that would restrict my ability to participate in open water, pool swimming and triathlon training. I recognize that participation in physical activity involves the risk of injury, to my person or my property. I acknowledge that whilst I participate, I do so entirely at my own risk.

I shall not hold **YELLOWFISH**, its sponsor, officers, agents, appointed staff or instructors responsible or liable of any death, personal injury (whether fatal or otherwise), loss or damage to property and any other losses, damage, cost, expense whatsoever and howsoever which I may suffer or incur in the course of or consequent upon my participation in any activity conducted by **YELLOWFISH**, including without limitation as a result of any act, default, omission or negligence of the indemnities. All of the risks and dangers associated with the activities are assumed notwithstanding.

I undertake at all times to use my best endeavors to train and complete in a safe and proper manner and not to do anything which would expose myself or fellow trainees to unnecessary risk of injury. I further undertake at all times to take all reasonable safety measures for the protection of myself and fellow trainees and to inform **YELLOWFISH** of any concern I may have as regards to safety.

I hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by **YELLOWFISH**, its sponsor, officers, agents, appointed staff or instructors and any of the affiliated associates, sanctioning organizations, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by Singapore Law in which the activities is conducted

______________________	______________________	______________________
Signature of Participant	Contact No	Date

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TO BE COMPLETED BY PARENT / GUARDIAN OF PARTICIPANT WHO IS UNDER 21 YEARS OLD

I/We ______________________________ , ______________________________
Names (s) NRIC/Passport No. & Contact No.

Being the ______________________________ of ______________________________
Relationship Name of Participant

Agree to allow him/her to participate in **YELLOWFISH TRAINING**. I/We shall not hold the **YELLOWFISH**, its sponsor, officers, agents, appointed staff or instructors responsible for any mishaps, injury or loss of life that may occur, or as a result of his/her participation in the training or any other associated activities.

______________________	______________________
Signature of Parent/Guardian	Date

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EMERGENCY CONTACT PERSON

Name: ____________________ Relationship: ____________________ Contact No: ____________________