



## DISCLAIMER AND INDEMNITY BY ALL PLAYERS

I, ..... (Hereafter referred to as Team Player), in consideration of Singapore Youth Olympic Festival 2017 Rugby 7s by accepting the invitation to participate in the Singapore Youth Olympic Festival 2017 Rugby tournament on Saturday, 15<sup>th</sup> July 2017 (hereafter referred to as “the Match Period”), hereby confirm and agree that individuals taking part in the Match do so at their own risk and that we will not make, and none of our Team players or officials will make, any claims against Singapore Rugby Union and any of its officials, volunteers (including tournament match officials) for any expenses or compensation for, or for any damages or losses whatsoever, whether directly or indirectly caused by or arising out of or in connection with, any injury sustained or death occurring as a result of participation in the Match Period.

We hereby confirm that all The Participating Team players have been so duly informed and are all fully aware of, and have agreed to, the above, and in consideration of the premises set out above, we hereby irrevocably undertake to indemnify and keep indemnified in the Singapore Youth Olympic Festival Rugby 7s (Singapore Rugby Union) and its officials, volunteers (including tournament match officials) against all claims, actions, proceedings, liabilities, damages, costs and expenses whatsoever made against or suffered or incurred by any of them caused by or arising out of or in connection with any such claims by any of The Participating Team players, including without limitation all legal costs in relation thereto.

This disclaimer and indemnity shall be governed by and construed in accordance with the laws of Singapore. We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Singapore.

Participating Player’s Full Name.....

Signature .....

Date: / / 2017



## MEDICAL DECLARATION

I I. I (Print full name) ..... ID or passport number  
..... as

a member of ..... Team declare that to the best of my knowledge I am fit and able to participate in this activity.

II. I understand am I participating at my own risk and declare I have no history of illness, injury or allergy that could prelude my participation in the tournament or affect any emergency medical care that maybe required.  
I confirm that I will have travel and/or medical insurance and will be personally responsible for any costs incurred for treating any injuries or medical conditions that may arise as a result of my participation in the tournament.

A signed medical declaration is required from all players and failure to provide will prevent participation. All declarations are held in strictest confidence.

Signed .....

Print Full Name .....

Date .....