



## THE AMAZING KIDNEY RACE 2010



### Indemnity Form

*To be completed by every participant and return it via email or fax*

Attention :	Kane Hansel Bong	Email :	kanehansel.bong@kdf.org.sg
Telephone :	6559 2650	Facsimile :	6225 0080

**Name of Participant:** \_\_\_\_\_ **NRIC:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

I, the above participant, acknowledge and have voluntarily registered to participate in this Event at my own risk and I (and my heirs, successors and assigns) hereby indemnify Kidney Dialysis Foundation Limited against any liability that may arise due to my participation. I hereby agree not to make any claim or lodge any complaint whatsoever against Kidney Dialysis Foundation Limited, Co-organizers, Staff, Sponsors or any appointed officials or representatives of this Event for any mishaps, injury, death or loss/damage to property sustained by me during this Event. I am fully aware that the registration fees are meant as donations and that no monies will be refunded to me for this Event should I withdraw from this Event or if this Event is postponed or cancelled. I also certify that I am physically fit to participate in this Event.

I hereby sign in agreement for the aforesaid and release Kidney Dialysis Foundation Limited of any liability and assumption of risk.

\_\_\_\_\_  
Signature Date

***(For participant below 18 years of age, this part is to be completed by the parent/legal guardian)***

I, \_\_\_\_\_ (NRIC No. \_\_\_\_\_), \_\_\_\_\_ (Relationship) of the above participant, am fully aware of and consent to the participation of my son/daughter/ward, whose name is stated above for his/her participation in this Event.

I, my heirs, successors and assigns, hereby indemnify Kidney Dialysis Foundation Limited against any liabilities that may arise due to my son/daughter/ward participation in this Event. I hereby agree not to claim or lodge any complaint whatsoever against Kidney Dialysis Foundation Limited, Co-organisers, Staff, Sponsors or any appointed officials or representatives for any mishaps, injury, death, loss/damage to property whatsoever that may occur in the course of, or as a result of my son/daughter/ward's participation in this Event. I attest that my son/daughter/ward is physically fit to participate in this Event and I have not been advised otherwise by a qualified medical professional.

I hereby sign, for my child/ward, in agreement for the above and release Kidney Dialysis Foundation Limited of any liability and assumption of risk.

\_\_\_\_\_  
Name of Parent/Guardian Signature Date

\_\_\_\_\_  
Name of Witness NRIC No: Signature and Date