

DECLARATION of WAIVER OF LIABILITY

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES THAT I AM ENTITLED TO IN RELATION TO THIS SPORTING LICENCE APPLICATION, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by AFS, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in any competition, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in the aforementioned competitions.

I acknowledge that this Release of Liability Form will be used by AFS in respect of this sporting licence application and that it will govern my actions and responsibilities at any events that I may participate in.

In consideration of my sporting licence application, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from any of the events /competitions that I attend, THE FOLLOWING ENTITIES OR PERSONS: The Airsports Federation of Singapore (AFS) and/or its president, secretary, treasurer, committee members, volunteers, representatives, sponsors, and agents;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in any of the activities related to this sporting licence application, whether caused by the negligence of release or otherwise.

I acknowledge that AFS and its president, secretary, treasurer, committee members, volunteers, representatives, sponsors, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that my participation in any competition may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the sporting activity I intend to participate in.

I understand while participating on the sporting licence that AFS issues me, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by AFS. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

In addition to the above, I also agree to be committed to Anti Doping Singapore's guidelines. Any non compliance will lead to investigations by relevant authorities against me.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I CONSENT TO IT OF MY OWN FREE WILL. BY SIGNING MY NAME BELOW, I AM DEEMED TO HAVE AGREED TO ALL THE STATEMENTS IN THIS DECLARATION.

I CERTIFY THAT I AM ABOVE THE AGE OF 18. I UNDERSTAND AND AGREE THAT NO ORAL OR WRITTEN REPRESENTATIONS CAN OR WILL ALTER THE CONTENTS OF THIS DOCUMENT

Name :

Signature :

NRIC / FIN : XXXX (last 3 digits + alphabet)

Date :