

CLASH OF THE GIANTS – FUTSAL CLINIC (“EVENT”) ON 24 MAY 2025

RELEASE AND INDEMNITY FORM

PLEASE READ BEFORE SIGNING

I hereby represent that (i) I am voluntarily participating in the Event, (ii) I am in good health and in proper physical condition to participate in the activities; and (iii) I am not under the influence of alcohol or illicit or prescription drugs which would in any way impair my ability to safely participate in the activities. I am fully aware that the Event involves physical activities and am aware of the inherent risks of participating in the Event which includes, but are not limited to, the potential of another participant acting in a negligent manner that may contribute to injury to myself and/or others, such as failing to adhere to the instructions from RWS staff members or instructors and not acting within the participant’s ability.

By participating in the Event, I hereby agree to assume all risks arising out of or incidental to participation in the Event. I further authorise (i) immediate medical treatment and/or first aid to be carried out by RWS for me, if the need arises, (2) the transportation to a medical facility if necessary. I understand that I will be responsible for any medical expenses incurred.

I hereby undertake to indemnify, release and hold harmless Resorts World at Sentosa Pte. Ltd. (“**RWS**”) and all related entities, their officers, directors, agents, affiliates and employees (“**RWS parties**”) against all claims, damages, losses, expenses, costs, disbursements and other liabilities which may accrue against or be suffered by RWS and/or RWS parties arising out of or incidental to myself and my participation in the Event.

I agree that in so far as is permissible by applicable law, RWS and/or RWS parties shall not be responsible and shall not assume any liability for any damage to or loss of the property or belongings suffered by me, whether such damage or loss is caused by the negligence of RWS and/or RWS parties or otherwise. I agree that any claims related to this form or my participation in the Event will be adjudicated solely in the Singapore courts, and that such claims will be decided in accordance with Singapore law.

I agree that all participants are required to:

- Fully understand and adhere to all safety instructions given.
- Strictly obey all instructions given by the staff in respect of their participation in the Event.
- Meet the minimum age requirements for the Event.
- Be physically fit for participation in the Event.
- At anytime to declare feeling unwell during the Event.

I agree that RWS shall have the discretion to make a determination as to the fitness of a person to participate in the Event. RWS may remove any participant with immediate effect from the premises or abort all or part of the Event at any time without having to provide any reason whatsoever, if it deems that a participant is unsuitable to continue with it.

I agree that RWS may use the collected personal data for evaluation and emergency contact purposes related to my participation in this Event.

I have been advised of the risks of taking part in this Event and understand the information provided.

Signature

Full Name

NRIC / Passport No. (last 4 digit and alphabet)

RESORTS WORLD™ SENTOSA

I, the lawful parent or legal guardian of the below named child, hereby agree to the above indemnity terms.

Signature of Parent/Legal Guardian

Full Name of Parent/Legal Guardian

NRIC / Passport No. of Parent / Legal Guardian (last 4 digit and alphabet)

QUESTIONNAIRE

CONTACT IN CASE OF EMERGENCY:

NAME: _____

CONTACT NUMBER: _____

RELATION WITH PARTICIPANT: _____

Please answer the following question on your past or present medical history by ticking the appropriate box.

1. Do you have any of the following conditions?

- ☐ Asthma ☐ Diabetes ☐ Visual Impairment
☐ Epilepsy ☐ Hearing impairment
☐ Any other medical conditions which might affect your ability to participate in the Event

Please specify: _____

2. ☐ No known allergies or pre-existing medical condition

3. Are you currently on medication? ☐ Yes ☐ No

If Yes, please specify: _____

4. Please let us know if you have any medical conditions which should be brought to our attention:
