

## SINGAPORE ADVENTURERS' CLUB

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Pa	rticipation Form	Confidential	
Activity:	Date:		
Name: (as in NRIC/Passport)	Memb	Membership No :	
NRIC/Passport No :	Date o	f birth :	
Citizenship:	Gender : M/F Special Diet : Nil/Vegetarian/Halal		
Residential Address:	-	Special Diet . Nii/ Vegetaliali/Halai	
Post Code :			
Passport No :	Expiry Da	ate:	
Contact No Residential:  Mobile: H	Office : Email :		
Next of Kin			
Full Name :Relationship :	Contact I		
Amount : S\$			
STATEMENT OF INDEMNITY I understand that participation in the active ntirely at my own risk. In consideration undertake that I will make no claims again keep the Club fully indemnified from an demands, howsoever arising, which may reason of or in connection with my particip the above activity are volunteers and act of indemnify and keep them fully indemnified by reason of or in connection with my patterminate my participation in or to abort or whatsoever and I hereby undertake that I that I may incur as a result of the Club exercise.	of the Club agreeing to my participation of the Club in respect of and will at all diagainst all claims for damages, cobe made or claimed against the Club dation. I also understand that the organishly as representatives for the Club and from and against all claims which may articipation. I agree that the Club resistent the above activity at any time will make no claims against the Club in recising that right.	n in the above activity, I hereby II times hereafter indemnify and osts, injuries, death, and other or which the Club may incur by issers, leaders and co-leaders of d I hereby undertake to similarly arise or which may be incurred erves the right to turn down or ne without assigning any reason is respect of any costs or losses	
	Witnes	sed by :	
Signature of Participant NRIC/Passport No : Date :	Name : NRIC/F Date :	Passport No :	