

Higher
INDEMNITY FORM
[Confidential]

I, _____ (Full Name as in NRIC/FIN/Passport*), _____
(NRIC/FIN/Passport* number) agree to assume the risk involved in and incidental to my participation in **COME PLAY PLAY 3** held at **Singapore Sports Hub** on **17 March 2019** (hereafter referred to as the “Event”).

I hereby release and forever discharge Higher by City Harvest Community Services Association (Higher) and its management, event organiser, partners, volunteers and applicable venue owner (collectively, the “Released Parties”) of and from any losses, accidents, injuries, invalidity and death, and all liabilities, claims, actions, damages, cost and expenses of any nature which may arise out of, or be in any way connected with my participation in this event.

By submitting this form, I give my consent to Higher to collect, use and disclose my personal data for the purpose of notifying and contacting me regarding the above-mentioned Event via calls, text messages, post and emails.

Through my participation and involvement in this Event, my photographs and audio/video recordings may be used by Higher for internal and external publicity purposes through mediums including, but not limited to, printed materials, electronic publications, websites and social media platforms.

I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting admin@higher.sg The CHCSA PDP policy and how my personal data is used is also available at chcsa.org.sg.

I also confirm that I have obtained the relevant consent of the following individual whose personal information I have disclosed in this application, such that Higher may contact him/her in the event of emergency:

Contact Mobile : _____

Contact Email : _____

Emergency Contact Person : _____

Emergency Contact Number : _____

Signature

Date

**Please delete accordingly.*

*** Consent Form must be completed by a Parent/Legal Guardian if Participant is a Minor i.e. below 21 years of age.*

CITY HARVEST COMMUNITY SERVICES ASSOCIATION

Corporate Office: 12 Pine Close, #01-85, Singapore 391012

Tel: +65 68359916 **Fax:** +65 68359915 **Web:** www.chcsa.org.sg **Email:** info@chcsa.org.sg