



**SingaGolf Junior Golf Competition  
Sembawang Country Club  
18 Mar 2019, Monday @ 1400hrs**

**PARTICIPATION & CONSENT FORM**

**PART 1 – PARTICULARS OF PARTICIPANT**

FULL NAME (in BLOCK letters)		
Address (in BLOCK letters)		
Date of Birth	Age	Nationality
Name of School		
SingaGolf Member / SCC Member *		Non PC / PC / Handicap Index*
Contact Number:	(H)	(HP)
Email Address		

**PART 2 – PARENTAL / GUARDIAN CONSENT ( For all individual participant)**

a) I understand that any person who participates in the SingaGolf Junior Golf Competition 2019 does so entirely at his/her own risk and have understood the risks and conditions associated with the competition.

b) I will not hold the SingaGolf Academy, Sembawang Country Club(“SCC”), its officers, employees and agents responsible for any death, personal injury, loss or damage arising out of my child/ward’s\* in the competition unless caused by negligence, wrongful act or omission of SingaGolf/SCC, its employees, officers or agents.

c) I further understand that, in the event of an accident or other emergency occurring to my child/ward, SingaGolf/SCC may at its sole discretion and expense, provide medical or other types of assistance and such exercise of discretion shall not be deemed as an admission of liability by SingaGolf/SCC for any injury or loss sustained.

d) By submitting this form, I give my consent to my child/ward\* to participate in the above-mentioned competition as well as my consent to SingaGolf to collect, use and disclose my personal data as well as my child/ward’s\* personal data for the purpose of notifying and contacting me and my child/ward regarding the competition via calls, text messages, post and email.

e) Through my child/ward’s\* participation and involvement in the is event, my child/ward’s\* photograph and audio/video recordings may be used by SingaGolf for internal and external publicity through mediums including, but not limited to, printed materials, electronic publications, websites and social media platforms.

f) I hereby approve and agree to all the terms, conditions of competition, and waiver of claims of this PARTICIPATION FORM.

\_\_\_\_\_  
Signature of Parent/Guardian\*

\_\_\_\_\_  
Date

Name of Parent/Guardian: \_\_\_\_\_

Contact: \_\_\_\_\_