



www.therockschool.sg
info@therockschool.sg

Registration and Wavier Form

**To be completed before the commencement of activity*

1. For participants under 18 years old, this form must be signed by participant's parent or legal guardian.
2. The Rock School reserves the right to deny admission to anyone whom we determine unsuitable for the physical, mental, or safety demands of our activity without risk or harm to himself/herself or others.

PARTICIPANT INFORMATION

Name of Participant NRIC / Passport No.

Gender M F Home Contact No. Mobile Contact No.

Date of Birth D D M M Y Y Y Y Email

Address

EMERGENCY CONTACT DETAILS

Name Relationship to Participant

Home Contact No. Mobile Contact No.

RECEIVE OF MARKETING MATERIALS (EMAIL)

Yes, I agree to receive email updates and promotional materials from The Rock School via emails.

MEDICAL DECLARATION

For participants under 18 years old, this declaration must be filled up by participant's parent or legal guardian.

To assist us in knowing you, your child / ward's medical history better, please fill in the questionnaire below and attach it together with any relevant documentation proof.

Do you or your child / ward have any conditions that may adversely affect their capacity to participate in rock climbing and its related activities?

<input type="checkbox"/> Hay fever, asthma or wheezing	<input type="checkbox"/> Frequent colds, sore throats, ear aches	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Eczema or frequent skin rashes	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Fainting/dizziness
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Diarrhea/constipation
<input type="checkbox"/> Abnormal menstrual history	<input type="checkbox"/> Bleeding/clotting disorder	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Emotional difficulties
<input type="checkbox"/> Others:	<input type="checkbox"/> NIL – I / my child or ward do not have any medical conditions to declare.	

INDEMNITY & UNDERTAKING BY PARTICIPANT AND/OR PARENT / GUARDIAN

ACKNOWLEDGEMENT, WAIVER, & RELEASE FROM LIABILITY AGREEMENT

THIS DOCUMENT IS A LEGALLY BINDING AGREEMENT. BY SIGNING THIS AGREEMENT YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT. YOU FURTHER ACKNOWLEDGE AND AGREE THAT YOU ARE WAIVING YOUR RIGHTS TO BRING ANY LEGAL ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR ANY INJURY TO YOUR SELF, CHILD/WARD OR YOUR PROPERTY.

ACKNOWLEDGEMENT: I ACKNOWLEDGE THAT THERE ARE SIGNIFICANT ELEMENTS OF RISK ASSOCIATED WITH THE SPORT OF ROCK CLIMBING & BOULDERING. I FURTHER ACKNOWLEDGE THE NATURE AND EXTENT OF THE RISKS INHERENT IN ROCK CLIMBING AND THE USE OF THE FACILITIES. I ACKNOWLEDGE THAT THERE ARE POSSIBLE RISKS ASSOCIATED WITH THE USE OF THE FACILITY, AND THAT OTHER UNKNOWN AND UNANTICIPATED RISKS MAY RESULT IN INJURY, ILLNESS, OR DEATH. I ACKNOWLEDGE THAT THESE RISKS ARE BEYOND THE CONTROL OF THE ROCK SCHOOL.

RELEASE, ASSUMPTION OF RISK AND RESPONSIBILITY: IN VIEW OF, AND IN RECOGNITION OF THE INHERENT RISKS OF THE ACTIVITY ASSOCIATED WITH THE USE OF THE FACILITY, I AGREE NOT TO HOLD LIABLE THE ROCK SCHOOL LLP AND ITS DIRECTORS, SHAREHOLDERS, INSTRUCTORS AND EMPLOYEES, FOR ANY AND ALL CLAIMS OR DEMANDS, OBLIGATIONS AND/OR CAUSES OF ACTION OF ANY NATURE WHATSOEVER. I FURTHER CERTIFY, ACKNOWLEDGE AND AGREE THAT:

1. I AND/OR MY CHILD/WARD IS PHYSICALLY AND MENTALLY CAPABLE OF PARTICIPATING IN THE ACTIVITY/PROGRAMME AND/OR USE THE EQUIPMENT; I ASSUME RESPONSIBILITY (ON BEHALF OF MY CHILD/WARD) FOR AND VOLUNTARILY ASSUME THE RISKS FOR ANY PERSONAL INJURY, DEATH AND RELATED EXPENSES INVOLVED WITH THIS ACTIVITY/PROGRAMME; I ASSUME RESPONSIBILITY (ON BEHALF OF MY CHILD/WARD) FOR DAMAGE TO MY PERSONAL PROPERTY; AND I ASSUME (ON BEHALF OF MY CHILD/WARD) THE RISKS FOR ANY ACCIDENTS OR INJURIES CAUSED BY THE NEGLIGENCE OF MY OR MY CHILD/WARD'S BELAYER OR SPOTTER. IN WITNESS WHEREOF, I HAVE SIGNED THIS AGREEMENT ON THIS DAY.

2. I AM AWARE THAT *MY CHILD'S/MY WARD'S PARTICIPATION IN CLIMBING ACTIVITIES INVOLVES A CERTAIN AMOUNT OF RISK. IT IS ALSO INTENDED ONLY FOR THOSE WITHOUT SIGNIFICANT MEDICAL PROBLEMS (INCLUDING RECENT INFECTIONS OR INJURIES) AND THOSE WHO HAVE BEEN EXERCISING REGULARLY. I SHALL NOT HOLD THE ROCK SCHOOL LLP (T09LL0744D) OR THEIR STAFF, INSTRUCTORS AND AGENTS RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF PROPERTY OR ANY INJURY OR LOSS OF LIFE WHICH MAY BE SUSTAINED BY *MY CHILD/MY WARD DURING THE COURSE OR ARISING FROM ANY CAUSE IN CONNECTION WITH THE CONDUCT / USAGE OF THE CLIMBING FACILITIES AND ACTIVITIES.

THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND I DID NOT WITHHOLD ANY VITAL INFORMATION.

Participant/Parent/Guardian/Responsible Party's Signature

Date