

**SAFRA Youth Fiesta 2024
Ultimate Frisbee Tournament
Date: Sat, 28 Sep 2024
Location: SAFRA Tampines**

PARENTAL / GUARDIAN'S CONSENT FORM

Consent for participant under 18 years of age to participate in the: SAFRA Youth Fiesta 2024 – Ultimate Frisbee Tournament.

Name of Participant	
Partial NRIC (Last three digits and alphabet)	
Name of Parent / Guardian	
Partial NRIC (Last three digits and alphabet)	
Parent / Guardian's Contact Number (Served as an Emergency number)	

Does your child suffer from any medical conditions/allergies that the organiser of SAFRA Youth Fiesta 2024 or their team manager should be aware of (including any current medication?)

Please include relevant information, please state 'NIL' if not applicable:

CONSENT AND WAIVER (please read carefully)

I, the undersigned, certify that I am the parent/legal guardian of the above-named participant and that I have full authority to grant permission for their participation in the "SAFRA Youth Fiesta 2024 – Ultimate Frisbee Tournament",

I understand that Ultimate Frisbee, like all sports, carries a risk of injury. I hereby authorize my child to participate in the event, understanding that they do so at their own risk. I waive, release, and discharge SAFRA (the organiser), Ultimate Sports Network (the co-organiser), appointed officials, partners, agents, and employees from any and all liability for any injury, loss, damages, compensation, illness, accident or death that may occur during the tournament.

Medical Authorization

In the event of an emergency, I authorize the event coordinators to seek medical treatment for my child if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

Photography and Media Release

(a) I give permission for photographs, videos, and other recordings ("Media") of my child taken during the event to be used for promotional purposes by SAFRA, including on social media, websites, and in other marketing materials.

(b) I acknowledge that Media will be taken by SAFRA and Ultimate Sports Network (on behalf of SAFRA) at this event. By allowing my child/ward to attend this event, I consent to and grant SAFRA (the organiser) the right to use such Media for internal record purposes, publicity purposes, commercial advertising, and distribution to its sponsors and partners, which includes Ultimate Sports Network.

(c) I understand that non-official photographers might also be present at this event. SAFRA has no control over and is not responsible for any Media produced by non-official photographers.

Acknowledgment and Signature

I have read and fully understand this consent form, including the waiver and release of liability. I voluntarily agree to the terms stated above.

Signature: _____

Date: _____