



2 Day Fencing Camp 2008

November Camp

- 24th (Mon) & 25th (Tues) November, 1.30pm – 4.30pm

Or

December Camp

- 3rd (Wed) & 4th (Thurs) December, 1.30pm – 4.30pm

First Name : _____ Last Name : _____

NRIC or Passport No. : _____ Gender : Male / Female

Place of Birth : _____ Date of Birth : dd mm yy .

Race : _____ Nationality : _____

Blood Group : _____ Religion : _____

Address : _____

_____ S() _____

Email Address : _____ Messenger : _____

Home Tel : _____ Mobile : _____ Fax : _____

Occupation : _____ Name of Co./ Sch : _____

Fencing Experience : Mths _____ Yrs _____ Dominant Hand : Right / Left

Indemnity

(1) In consideration of you agreeing to accept *myself or **child/ ward _____, NRIC no. _____ as a participant in the above event/course organized by Fencing Masters Pte Ltd. I hereby agree to indemnify and keep you and your officials, duly authorized agents and servant fully indemnified against any loss, damage and/or claim to demand howsoever caused that you may incur or be liable for in connection with the participation of my child/ ward in the competition.

(2) I further agree that neither you or any of your officials, duly authorized agents or servants shall be responsible for:

1. any loss of or damage to property whatsoever and howsoever caused;
2. any personal injury, death or illness howsoever caused (except for death or personal injury caused by the negligence of yourself or your officials, duly authorized agents or servants);
3. any other loss or damage suffered (including but not limited to death or personal injury caused by the negligence of yourself or your officials, duly authorized agents or servants.

(3) If any of the term or provision of this indemnity form shall be held to be illegal or enforceable, whether in whole or in part, under any enactment or rule of law, such term or provision or part shall to that extent be deemed not to form part of this indemnity form but the validity and enforceability of the remainder of the terms or provision of this indemnity form shall not be affected.

Name : _____ Signature : _____

NRIC No. : _____ Date : _____ Contact Number: _____

**delete accordingly **for participant 21 years and below; to be signed by parent/ guidance*