

## PARENT/GUARDIAN CONSENT FORM

For children under 18 years old

I, being the parent/legal guardian of \_\_\_\_\_ (Full Name),

NRIC/FIN: \_\_\_\_\_ (last 4 characters,) hereby give my consent for my child/ward's participation in the Singapore Baseball and Softball Association's (SBSA) clinic/programme.

I understand that participation in this clinic/programme involves certain risks and that the SBSA and its representatives will take all necessary precautions to ensure the safety and well-being of all participants.

By signing this consent form, I acknowledge and agree to the following:

### **Assumption of Risk:**

I understand and acknowledge that my child/ward's participation in this clinic/programme carries inherent risks, including the risk of injury or harm. I voluntarily assume all risks associated with my child/ward's participation in this clinic/programme, including but not limited to, falls, collisions, contact with other participants or equipment, and weather-related hazards. I shall ensure my child/ward has the necessary insurance coverage for his/her participation in this clinic/programme.

### **Release of Liability:**

I hereby release, waive, discharge, and covenant not to sue SBSA, its officers, directors, employees, agents, volunteers, sponsors, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or death that may occur as a result of my child/ward's participation in the clinic/programme, including but not limited to, negligence on the part of SBSA or other participants.

### **Indemnification:**

I agree to indemnify and hold harmless SBSA from any and all claims, liabilities, damages, costs, or expenses, including attorney fees, arising out of or related to my child/ward's participation in the clinic/programme.

### **Medical Treatment:**

In the event of an injury or medical emergency, I authorize SBSA and its representatives to administer or seek medical treatment on my child/ward's behalf, including but not limited to, first aid, emergency transportation, and hospitalization, if necessary. I understand that I am solely responsible for any costs associated with medical treatment.

### **Photographic Release:**

I grant the SBSA permission to take photographs and videos of my child/ward during the clinic/programme for promotional and/or educational purposes.

Name of Parent/Guardian:

Relationship:

Contact No.:

Does your child/ward have any medical condition? If no, kindly indicate N.A.:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name : \_\_\_\_\_

Relationship : \_\_\_\_\_

Contact No. : \_\_\_\_\_