

附件/Appendix D:

Singapore International Martial Arts Tournament

新加坡国际武术大赛 个人及团体参赛安全责任声明

我本人及本会自愿参加 2017 年 08 月 18 日至 22 日,新加坡国际武术大赛,我的身体状况经市级医生检查,完全符合参加这次大会比赛的健康条件,参赛保险由我自己及本会负责办理。在这次大会中如发生任何事故均为本人及本会负责,家属或有关人员均不能状告"新加坡国际武术大赛"组委会或主办,承办单位,不能以此为由提出索赔要求。本人及本会同意,组委会有权无偿使用本人及本会参加大会的相片、录像及影像於各式宣传刊物之用。特此声明。

会员协会名称

Federation _____

参加者姓名

Name of Participant _____

出生日期

Date of Birth _____

国籍

Nationality _____

性别

Gender _____

护照号码

Passport Number _____

身份

Status _____

*运动员 Athlete *领队 Team Leader *教练 Coach *医生 Doctor *观察员 Observer

注: 18 周岁以下未成年参赛者, 还须监护人签名。

Personal & Group Safety Declaration

I myself and my team, participant in The 18_22/08/2017 Singapore International Martial Art Tournament and it is my/our own will to participate in the event. I/We have already checked my/our health condition at an authorized and certified by Doctor and I/we declare myself/ourselves physically fit for this competition. I/We have already purchased Personal/Group safety insurance. I/We will be held myself/ourselves responsible for my/our own action and personal safety. In the events of any unfortunate accidents, no private individual or any authority not be sued the organizing committee and its affiliates for such accidents from happening. I/We do acknowledge that the organizing committee has the right to use any image(photograph, film or videotape) of us for various publication purposes.

Name/Signature

Date

Remark: It shall be deemed that participants under 18 years old have acquired their parental consent to join the events and observe conference rule a member of the team. He/She should obtain the signature of the parent or guardian.

