



Indemnity Form: No Personal Accident and Hospitalization Plan

I, _____ (Full Name), _____ (Last 4 digit of NRIC) hereby acknowledge and confirm that I do not have a Personal Accident and Hospitalization Plan as emphasized by Handball Federation Singapore (HFS) for my participation in handball activities and events organized or sanctioned by HFS.

I understand that it is recommended and strongly advised by HFS to have valid Personal Accident and Hospitalization Plan coverage throughout my involvement with HFS for my own protection.

I have full knowledge of the foregoing risks and assume all such risks myself. I shall not hold Handball Federation of Singapore (HFS), its officers, agents and employees liable for any damage to or loss of property or any injury or loss of life where such damage to or loss of property or any injury or loss of life is not caused by the negligence of HFS, its officers, agents and employees.

I have read and understood the importance of having Personal Accident and Hospitalization Plans as emphasized by HFS, and I agree to comply with these requirements.

Full Name & NRIC (Last 4 digit):

Signature & Date:
