



Handball Federation Singapore, 3 Stadium Drive #01-33, Singapore 397630

INDEMNITY FORM (TO BE SIGNED BY PARTICIPANT)

1. I acknowledge and agree that participation in National Handball League 2025 comes with inherent risks.
2. I have full knowledge of the foregoing risks and assume all such risks myself. In consideration of my participation in the National Handball League 2025, 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.
3. I undertake to ensure strict compliance with all rules, regulations, requirements and instructions related to the National Handball League 2025.
4. I understand that, should I be admitted to this National Handball League 2025 on the basis of any false or inaccurate information declared by me, I may render myself liable to any appropriate action and such false or inaccurate declaration may result in the voidance of any insurance claim arising from or in connection with the National Handball League 2025.

Name of participant & (last 4 digit NRIC)

Signature and date



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Parent’s or Guardian’s Undertaking

(To be completed by the parent/guardian if the participant is below the age of 21 years)

I, being the parent, guardian or person having the care and custody of _____
(name of participant), do consent that she/he may participate in National Handball League
2025, and, in consideration of Handball Federation of Singapore, its officers, agents and
employees permitting him/her to so participate, undertake that I will not, whether on behalf of
my child / ward or in my own right, hold 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.

Name of parent/guardian & (last 4 digit NRIC)

Signature and date
