

SAFRA Youth Fiesta 2025
Ultimate Frisbee Tournament
Date: Sun, 21 Sep 2025
Location: SAFRA Tampines

PARENTAL / GUARDIAN'S CONSENT FORM

Consent for participant under 18 years of age to participate in the: SAFRA Youth Fiesta 2025 – Ultimate Frisbee Tournament.

Name of Participant	
Partial NRIC (Last three digits and alphabet)	
Name of Parent / Guardian	
Partial NRIC (Last three digits and alphabet)	
Parent / Guardian's Contact Number (Served as an Emergency number)	

Does your child suffer from any medical conditions or allergies that the organiser (SAFRA), or their team manager, should be aware of (including any current medication)?

Please provide relevant details below. If none, please state **'NIL'**.

CONSENT AND WAIVER (please read carefully)

I, the undersigned, certify that I am the parent/legal guardian of the above-named participant and that I have the full authority to grant permission for their participation in the SAFRA Youth Fiesta 2025 – Ultimate Frisbee Tournament.

I understand that Ultimate Frisbee, like all sports, carries inherent risks of injury. I hereby authorise my child to participate in the event, acknowledging that participation is at their own risk. I waive, release, and discharge SAFRA (the organiser), Ultimate Sports Network (the co-organiser), their appointed officials, partners, agents, and employees from any and all liability for injury, loss, damage, compensation, illness, accident, or death that may occur during the tournament.

Medical Authorization

In the event of an emergency, I authorise the event coordinators to seek medical treatment for my child if I cannot be reached. I understand that I will be responsible for any medical expenses incurred.

Photography and Media Release

(a) I give permission for photographs, videos, and other recordings ("Media") of my child taken during the event to be used for promotional purposes by SAFRA, including but not limited to social media, websites, and marketing materials.

(b) I acknowledge that Media may be taken by SAFRA and Ultimate Sports Network (on behalf of SAFRA). By allowing my child/ward to attend this event, I consent to and grant SAFRA the right to use such Media for internal record-keeping, publicity, commercial advertising, and distribution to sponsors and partners, including Ultimate Sports Network.

(c) I understand that non-official photographers may also be present at the event. SAFRA has no control over, and is not responsible for, any Media produced by non-official photographers.

Acknowledgment and Signature

I have read and fully understood this consent form, including the waiver and release of liability. I voluntarily agree to the terms stated above.

Signature of Parent / Guardian: _____

Date: _____