

SAFRA Youth Fiesta 2025
Squash Competition
Date: Sat, 20 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 – Squash Competition.

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/allergies that the organiser of SAFRA Youth Fiesta 2025: Squash Competition and Competition Director should be aware of including any current medication?

Please include relevant information, please state 'NIL' if not applicable:

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 full authority to grant permission for their participation in the **SAFRA Youth Fiesta 2025 – Squash Competition**.

I understand that participation in squash, like all sports, carries inherent physical risks and hazards, including but not limited to:

- Muscular injuries from physical exertion, rapid movements, and sudden turns/stops on court
- Injuries to eyes, teeth, face, and other body parts from being struck by racquets or balls
- Bruises, scrapes, and other injuries from falls or collisions with the wall or other players

I acknowledge and accept these risks and hereby give consent for my child to participate in the event, understanding that they do so at their own risk.

I further waive, release, and discharge SAFRA (the organiser), Team Ultimate Squashers Pte Ltd (the event partner), their appointed officials, partners, agents, and employees from any and all liability for any injury, loss, damage, compensation, illness, accident, or death that may occur during the tournament.

I understand and acknowledge that it is **MANDATORY** for my child to wear protective eye-wear during the competitions for safety reasons.

Personal accident insurance is strongly encouraged to all parents for their child when participating in competition.

Medical Authorization

In the event of an emergency, I authorize the event coordinators to seek medical treatment for my child if I cannot be reached. I understand that I am 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 on social media, websites, and in other marketing materials.

(b) I acknowledge that Media will be taken by SAFRA and Team Ultimate Squashers Pte Ltd (on behalf of SAFRA) at this event. By allowing my child/ward to attend this event, I consent to and grant SAFRA (the organiser) the right to use such Media for internal record purposes, publicity purposes, commercial advertising, and distribution to its sponsors and partners, which includes Team Ultimate Squashers Pte Ltd.

(c) I understand that non-official photographers might also be present at this 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 understand this consent form, including the waiver and release of liability. I voluntarily agree to the terms stated above.

Signature: _____

Date: _____