



ASSUMPTION OF RISK AND RELEASE OF LIABILITY (One Form Per Participant Please)

I hereby agree to allow my son/ daughter to participate in SACAC sports programs and will not hold SACAC (Singapore American Community Action Council), Singapore American School, their respective staff, coaches, employees, volunteers, the members of the SACAC Board or the outsourced coaches and companies liable for any loss or damage to property, or personal injury or death that may occur before, during or after the sports program.

My son/daughter and I are fully aware of the risks inherent in and associated with the sports program, and with the particular activities in the sports program which my son /daughter wishes to undertake.

SACAC does not carry individual liability and accident insurance for any participants and, therefore, requires that I assume full medical and financial responsibility for myself and my child at this event.

In event of my absence, I hereby authorize the coaches to sign for and to consent to on my behalf, any medical treatment that may be deemed necessary for my child.

To the best of my knowledge my son/daughter are physically fit to participate in SACAC activities, and I understand that if I have doubts about my child's ability to participate, that I will seek medical clearance prior to their participation.

Event Name	
Participants Name	
Participants Age	
Participants Gender	
Team Contact Person	
Event Date	
Swim Team Name	
Phone Number	
Parent Name	
Parent Phone Number	
Parent Email	
Parent Signature	
Date	