



FRESHMAN REGISTRATION AND INDEMNITY FORM
ORIENTATION WEEK PROGRAMME
Biological Sciences Club – ACTION!
(Dates: 01/08/16 – 05/08/16)

1. PARTICIPANT'S PARTICULARS

Name *(as in passport)* _____

NRIC Number *(for local students)* /
Passport Number or FIN *(for international students)* _____

School accepted in NTU _____ Course _____

Year of Matriculation _____ Matric. Number _____

Gender *(pls circle)* Male / Female _____ Date of Birth *(dd/mm/yy)* _____

Mailing Address _____

Postal Code _____ S _____

Contact No _____ (home) _____ (mobile) _____

Email Address _____ Blood Group _____

Allergies, Illnesses & Medical Limitations *(please declare)*:

Dietary Requirements Halal Vegetarian No restriction

T-shirt Size XS S M L XL

2. PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name _____ Relationship _____

Contact No _____ (home) _____ (mobile) _____ (office)

Email Address _____

3. TYPES OF ACTIVITIES AND POSSIBLE INJURIES

Freshmen Orientation Programme may include physical and team-building activities. Possible injuries include cuts, bruises, sprains, muscle strains, and heat exhaustion.

Safety is our primary concern and we take all precautions to guard against injury. If you are not feeling well enough for an activity or have sustained an injury, please inform your group leader or First Aider immediately. If you have a medical history or an existing medical condition and are not certain if you should participate in the more rigorous activities, you are advised to refrain from participating unless you have sought clearance from your doctor. Please note that the cost of any medical treatment is to be borne by the participants.

Participation is not mandatory for any activity. You reserve the right and are responsible to select the activities you wish to participate in.

If you have any feedback or emergency to report, please feel free to call our 24hr Campus Security hotline at 6790 4777 for immediate assistance. Alternatively, you can text 8125 2235 or send email to dso@ntu.edu.sg.

INDEMNITY FORM (to be signed by participant)

I acknowledge and agree that participation in **ACTION: SBS Orientation Programme** comes with inherent risks. I have full knowledge of the foregoing risks and assume all such risks myself.

In consideration of my participation in the **ACTION: SBS Orientation Programme**, I shall not hold **Biological Sciences Club**, Nanyang Technological University, 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 **Biological Sciences Club**, Nanyang Technological University, its officers, agents and employees.

I undertake to ensure compliance with all rules and regulations related to **ACTION: SBS Orientation Programme**. I also understand my right to participate only in activities that I am comfortable with.

I understand that, should I be admitted to **ACTION: SBS Orientation Programme** 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 **ACTION: SBS Orientation Programme**.

I consent to the collection and use of my personal data above for the sole purpose of **ACTION: SBS Orientation Programme**. I also consent to the disclosure of the personal data above to **Fullerton Healthcare Group and other clinics / hospitals (if applicable)** in the process of serving the foregoing purpose, such as admission for medical services and incident reporting in times of illness and / or emergencies.

I understand that I may withdraw this consent expressly at any time except to the extent that action has been taken in reliance upon it.

Name of participant

Signature

Date

Parent's or Guardian's Undertaking *(To be completed 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 s/he may participate in **ACTION: SBS Orientation Programme**, and, in consideration of **Biological Sciences Club**, Nanyang Technological University, 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 **Biological Sciences Club**, Nanyang Technological University, 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 Nanyang Technological University, its officers, agents and employees.

I consent to the collection and use of my personal data above for the sole purpose of **ACTION: SBS Orientation Programme.**

I understand that I may withdraw this consent expressly at any time except to the extent that action has been taken in reliance upon it.

Name of parent, guardian/person having
the care and custody of the participant

Signature

Date