



## Waein Cup Open Championship Singapore 2025 17, 18 and 19 January 2025

### FORM I – INDEMNITY FORM (INDIVIDUAL) – ALL PARTICIPANTS

I, the undersigned, hereby acknowledge and agree to participate in the Waein Cup Open Championship Singapore 2025, organised by Johan Taekwondo Team Waein, which will take place on 17, 18 and 19 January 2025 at Our Tampines Hub – Community Auditorium.

**Assumption of Risk:** I understand and acknowledge that participation in this sports activity carries inherent risks, including but not limited to physical injuries, accidents, or property damage. I voluntarily choose to participate in this activity with full awareness of these risks. I understand that despite all reasonable safety precautions taken by the organizers, accidents and injuries can occur. I voluntarily assume all risks, known and unknown, associated with my participation in this activity.

**Release and Indemnification:** In consideration of being allowed to participate in this sports activity, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and indemnify Johan Taekwondo Team Waein, its officers, directors, employees, volunteers, and agents from any and all claims, actions, demands, expenses, and liabilities, whether at law or in equity, arising out of or related to my participation in this sports activity, including but not limited to personal injury, property damage, or any other loss. This release and indemnification include any claims based on negligence, action, or inaction of Johan Taekwondo Team Waein, its officers, directors, employees, volunteers, and agents.

**Medical Consent:** I authorize the organizers to seek medical treatment or emergency medical care on my behalf if deemed necessary. I understand that I will be responsible for any medical expenses incurred.

**Photographic Release:** I grant Johan Taekwondo Team Waein permission to use photographs, video recordings, or other media of me taken during the sports activity for promotional or informational purposes.

**Acknowledgment of Understanding:** I have carefully read and fully understand the terms of this Sports Indemnity Form. I am aware that by signing this form, I am waiving certain legal rights, including the right to sue. I sign this document voluntarily and without any undue influence.

Participant's Signature:

\_\_\_\_\_

\_\_\_\_\_

Participant's Name

Date:

\_\_\_\_\_

Parent/Guardian's  
Signature:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name, if participant is under 21

Date:

\_\_\_\_\_

Team Manager's  
Signature:

\_\_\_\_\_

\_\_\_\_\_

Team Manager's Name

Date:

\_\_\_\_\_