

Vajrayogini Retreat@Bali 2017

20th Oct- 1st Nov 2017

Bojjhanga Bhavana Centre, Jl. Penelokan -Kedisan Desa Kedisan. Kintamani, Bali.

Organized by Singapore Buddha Sasana Society

INDEMNITY and HEALTH DECLARATION FORM

With the indemnity, I, the undersigned, _____, NRIC number _____, exempt Singapore Buddha Sasana Society, or any represented member, any member employed, or any other responsible person involved with above mentioned Retreat, with regards to any claims, demands, actions, suits or costs claimed from them in the case of any injuries, loss, damage, expenses, charges, liabilities or medical costs incurred by myself, as a result of this Retreat.

Singapore Buddha Sasana Society are not responsible for any organize outing other than the retreat programme.

I am fully aware of the possible risk involve and accept the same, notwithstanding the fact that this trip / activity is intended only for those without medical problems and who are fit enough to indulge in physical activities. Ia confirm that I am enrolling on my own volition and I shall not hold 'The Singapore Buddha Sasana Society' responsible or in any way liable for my death, injury disability or any loss, legal costs / expenses or damage whatsoever arising from any cause in connection with the trip / activity or my participation therein.

I declare that I am medically fit to attend the above-mentioned Retreat.

By signing below, I am also authorizing the Organizer of the above Retreat to perform emergency medical treatment at the Retreat, to give permission to a hospital or medical doctor to perform any necessary treatment, in the case of an emergency. Should any medical cost be incurred, it is and will be my responsibility.

I hereby certify that I have read and understand all the details of this indemnity form.

Signed by above Retreat Participant

Witness

Name : _____

Name: _____

Date : _____

Date: _____

In case of Emergency, please contact:

Name : _____

Relationship with Participant: _____

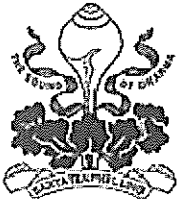
Contact Number: _____

The information below on the Participant is requested to assist in case of illness, accident or emergency. This Information will be held in confidence

a. Does the Retreat participant have any Existing Medical Condition? YES / NO.
If YES, please state condition: _____

b. Is the Retreat participant presently taking any medication YES/ NO
If YES, please name drug and dosage. _____

c. Is Retreat participant allergic to any drugs YES /NO
If YES please name drug _____



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INDEMNITY and HEALTH DECLARATION FORM

For Participant below 21 years old PARENT'S CONSENT TO PARTICIPATE IN THE Nyung Nay 2017 Event is needed.

With the indemnity, I, the undersigned, _____, NRIC number _____, the *father/mother/guardian of _____ ("my child") exempt Singapore Buddha Sasana Society, or any represented member, any member employed, or any other responsible person involved with above mentioned Retreat, with regards to any claims, demands, actions, suits or costs claimed from them in the case of any injuries, loss, damage, expenses, charges, liabilities or medical costs incurred by my child, as a result of this Retreat.

Singapore Buddha Sasana Society are not responsible for any organize outing other than the retreat programme.

I am fully aware of the possible risk involve and accept the same, notwithstanding the fact that this trip / activity is intended only for those without medical problems and who are fit enough to indulge in physical activities. Ia confirm that I am enrolling on my own volition and I shall not hold 'The Singapore Buddha Sasana Society' responsible or in any way liable for my death, injury disability or any loss, legal costs / expenses or damage whatsoever arising from any cause in connection with the trip / activity or my participation therein.

I declare that my child is medically fit to attend the above-mentioned Retreat.

By signing below, I am also authorizing the Organizer of the above Retreat to perform emergency medical treatment at the Retreat for my child, to give permission to a hospital or medical doctor to perform any necessary treatment on my child, in the case of an emergency. Should any medical cost be incurred, it is and will be my responsibility.

I hereby certify that I have read and understand all the details of this indemnity form.

Signed by above Guardian of Participant

Witness

Name : _____

Name: _____

Date : _____

Date: _____

In case of Emergency, please contact:

Name : _____

Relationship with Participant: _____

Contact Number: _____

The information below on the Participant is requested to assist in case of illness, accident or emergency. This Information will be held in confidence

a. Does the Retreat participant have any Existing Medical Condition? *YES / NO.
If YES, please state condition: _____

b. Is the Retreat participant presently taking any medication *YES/ NO
If YES, please name drug and dosage. _____

c. Is Retreat participant allergic to any drugs *YES /NO
If YES please name drugs _____