IMPORTANT INFORMATION FOR STUDENTS

Sport Science & Management (SSM) courses are conducted indoors as well as outdoors, and involve physical activities such as running and strength training some of which are very strenuous.

It is important that we know of any existing medical problem(s) as it is in your best interest and ours. If you are receiving medication and/or treatment and/or have any existing medical conditions, illnesses and/or injuries and/or physical and/or mental disabilities and/or currently pregnant that may prohibit and/or affect your participation, whether fully or otherwise, in the course, please provide us with full written details together with a doctors certificate. Failure to do so might affect your underlying performance, final grade and/or admission and/or continued participation in the course as well as put you at medical risk.

By submitting your personal data, you consent to the associated members of the SSM programme committee and/or Nanyang Technological University (NTU) collecting, using, disclosing and/or processing your personal data for the purpose(s) of:

a) processing your declaration to participate in SSM courses;
b) record keeping;
c) contacting you in the event of an emergency and/or investigation;
d) contacting your parent/guardian in the event of an emergency that threatens the life, health, and safety of yourself.

Waiver/Declaration

We maintain the right to refuse participation and/or the continued participation in the course to anyone on any grounds deemed applicable by the SSM programme committee. Failure to comply with the safety rules or the instructions of the instructors or associated members will result in termination of participation without prior notice.

In consideration of allowing me to participate in the programme, I hereby declare that I am at least 18 years of age at the time of making this declaration and hereby release and discharge both jointly and severally the instructors or associated members of the SSM programme committee and/or NTU from any actions, covenants, claims and demands for damages, cost, loss, expense, injury or death which may have been sustained and/or incurred by me or anyone else during the course or arising from any cause in connection with the course where such action, covenant, claim and demand for damage, cost, loss, expense, injury or death is caused by me and/or anyone else other than the instructors or associated members of the SSM programme committee and/or NTU.
In consideration of the SSM programme committee and NTU offering the course for me to participate in,

I, (name) ____________________________ (matric no.) ________________ am aware, understand, acknowledge and do fully agree to the following:

1. If I am under 21 years of age at the time of making this declaration, I shall undertake to submit a completed acknowledgement of consent by my Parent/Guardian to the SSM programme committee within seven (7) days of the making of this declaration and prior to my enrolling in the course.

2. I have requested to participate in the programme and understand that the programme involves mental and physical exertion and other risks, known and unknown and, may result in injury to myself or to others.

3. I am in good physical and mental health, and I have no history of/never had/do not currently suffer from:
   a. Chest pains, high blood pressure or heart problems e.g. heart murmur, extra heartbeat, mitral valve prolapse
   b. Asthma, bronchitis, tuberculosis, sinusitis or other lung problems
   c. Fits, epilepsy, fainting attacks, migraine, severe head injury
   d. Eye problems e.g. poor vision
   e. Ear problems e.g. hearing difficulty
   f. Mental illness, neurological illness and/or psychological illness
   g. Diabetes / Thalassaemia major / Anaemia
   h. Allergy to medicines / food / others e.g. sea water, insect bites
   i. Bone or joint injuries e.g. fracture / dislocation
   j. A carrier status for any infectious disease
   k. Medical treatment within the last 2 years

4. If I am receiving medication and/or have any pre-existing illness and/or medical conditions and/or injuries and/or physical and/or mental disabilities and/or currently pregnant that may prohibit my participation in the course, I shall submit a medical doctor’s letter of certification and/or specialist’s letter of certification certifying that I am fit to engage in sports and fitness courses, complete the relevant form and disclose the form to the SSM programme committee within a week after enrolling in the course.

5. I understand that the instructors or associated members of the SSM programme committee reserves the right to withdraw me from the course should they deem me unsuitable to engage or continue to participate in the activities required.

6. I shall co-operate fully with the directions and instructions of the instructors or associated members of the SSM programme committee and diligently comply with all safety systems as required.

7. I understand that the SSM courses are conducted indoors as well as outdoors, and involves physical activities such as running and strength training some of which are strenuous, and that this poses some inherent risks and I consent to undertake such risks.
8. I shall therefore not hold the instructors or associated members of the SSM programme committee and/or NTU liable/responsible for any damage to or loss of property or any injury or loss of life which may be sustained and/or incurred by me and/or anyone else during the course or arising from any cause in connection with the course where such damage or loss of property or any injury or loss of life is caused by me and/or anyone else including the instructors or associated members of the SSM programme committee and/or NTU.

9. I shall further not hold the instructors or associated members of the SSM programme committee and/or NTU liable/responsible to me and/or anyone else for any damage to or loss of property or any injury or loss of life which may be due to, caused by and/or in connection with any pre-existing illness, medical condition, injury, physical and/or mental disability, and/or medical treatment and/or pregnancy which I have, and/or have received.

10. I authorise the instructors or associated members of the SSM programme committee and/or NTU to contact my parent/guardian in the event of an emergency that threatens my life, health, and safety by disclosing the following details:

   Name of Parent/Guardian : _________________________________

   Contact No. : _____________________________

I hereby declare and confirm I have read and fully understand all the sections and conditions set out above and that all the information provided are true. I agree and accept all the sections and conditions set out above. I am aware that my attendance in the course involves certain amount of risk. I declare and confirm that I agree to the release/waiver set out above.

   _______________________________            _______________________________
   Signature                                   Date
Acknowledgement of Consent by Parent/Guardian  
(to be completed and signed by the Parent/Guardian when the student is BELOW THE AGE OF 21)  *delete where applicable

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS**

Sport Science & Management (SSM) courses are conducted indoors as well as outdoors, and involves physical activities such as running and strength training some of which are very strenuous.

It is important that we know of any existing medical problem(s) as it is your child/ward’s best interest and ours. If your child/ward is receiving medication and/or has any existing medical conditions, illnesses, and/or injuries and/or physical and/or mental disabilities that may prohibit and/or affect your child/ward’s participation, whether fully or otherwise, in the course, please ensure that your child/ward provides us with full written details together with a doctors certificate. Failure to do so might affect your child/ward’s underlying performance, final grade in the course as well as place your child/ward at medical risk.

By submitting your personal data, you consent to the associated members of the SSM programme committee and/or Nanyang Technological University (NTU) collecting, using, disclosing and/or processing your personal data for the purpose(s) of:

a) processing your acknowledgement for your child/ward to participate in SSM courses;
b) record keeping;
c) contacting you in the event of an emergency that threatens the life, health, and safety of your child/ward.

**Waiver/Declaration**

I, (name) __________________________ holder of NRIC/Passport No. _____ (last 3 numerical digits and checksum only), allow my *child/ward

(name) __________________________ to enrol in the __________________________

(course title) course with the SSM programme for a duration from the date of

______________________ and am aware, understand, acknowledge and do fully agree to the

following:
1. My *child/ward has requested to participate in the programme and I understand that the programme involves mental and physical exertion and other risks, known and unknown and, may result in injury to my *child/ward or to others.

2. My *child/ward has declared themselves to be in good physical and mental health, and has no history of/never had/does not currently suffer from:
   a. Chest pains, high blood pressure or heart problems e.g. heart murmur, extra heartbeat, mitral valve prolapse
   b. Asthma, bronchitis, tuberculosis, sinusitis or other lung problems
   c. Fits, epilepsy, fainting attacks, migraine, severe head injury
   d. Eye problems e.g. poor vision
   e. Ear problems e.g. hearing difficulty
   f. Mental illness, neurological illness and/or psychological illness
   g. Diabetes / Thalassaemia major / Anaemia
   h. Allergy to medicines / food / others e.g. sea water, insect bites
   i. Bone or joint injuries e.g. fracture / dislocation
   j. A carrier status for any infectious disease
   k. Medical treatment within the last 2 years

3. If my *child/ward is receiving medication and/or has any pre-existing illness and/or medical conditions and/or injuries and/or physical and/or mental disabilities and/or currently pregnant that may prohibit my *child’s/ward’s full participation in the course, he/she shall submit a medical doctor’s letter of certification and/or a specialist’s letter of certification that *he/she is fit to engage in sports and fitness courses, complete the relevant form and disclose them to the SSM programme committee within a week after enrolling in the course.

4. I understand that the instructors or associated members of the SSM programme committee reserves the right to withdraw my *child/ward from the course should they deem him/her unsuitable to engage in the activities required.

5. I understand that my *child/ward shall co-operate fully with the directions and instructions of the instructors or associated members of the SSM programme committee and diligently comply with all safety systems as required.

6. I understand that the SSM courses are conducted indoors as well as outdoors, and this involves physical activities such as running and strength training some of which are strenuous, and that this poses some inherent risks.

7. I shall therefore not hold the instructors or associated members of the SSM programme committee and/or NTU liable/responsible for any damage to or loss of property or any injury or loss of life which may be sustained and/or incurred by my *child/ward or anyone else during the course or arising from any cause in connection with the course where such damage or loss of property or any injury or loss of life is caused by my child/ward* and/or anyone else including the instructors or associated members of the SSM programme committee or NTU.
8. I shall further not hold the instructors or associated members of the SSM programme committee and/or NTU liable/responsible to me and/or anyone else for any damage to or loss of property or any injury or loss of life which may be due to, caused by and/or in connection with any pre-existing illness, medical condition, injury, physical and/or mental disability, and/or medical treatment and/or pregnancy which my child/ward* have, and/or have received.

9. I authorise the instructors or associated members of the SSM programme committee and/or NTU to contact me at (contact no.) _________________ in the event of an emergency that threatens my *child/ward’s life, health, and safety.

I hereby declare and confirm I have read and fully understand all the sections and conditions in this form and that all the information provided above are true. I agree and accept all the sections and conditions set out above. I am aware that my child/ward’s* attendance in the course involves certain amount of risk. I declare and confirm that I agree to the release/waiver set out above.

_________________________        __________________           _________________
Name of *Parent/Guardian                Signature                               Date