

Parent Consent and Waiver Form

- 1. This form is applicable to youth below the age of 15.
- * Delete where applicable

I,, NRIC/ *parent/ guardian of give my consent to my *child/ward's participation in tactivities.	(volunteer's name), hereby
I understand that as a volunteer with RAS, my child/ward will be volunteering his/her services solely for his/her personal purpose or benefit without promise or expectation of compensation or benefits.	
I understand that RAS will take all reasonable steps to provide individual care and safety for each child, but I am aware that RAS cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of the activity, including travelling to and from the activity site.	
I will therefore not take any legal actions and/or claims against RAS staff and all persons and/or agencies connected with this activity from all claims and damages (personal injuries, mishap, etc) arising from my child/ward's participation before, during and after the activity.	
I fully understand the above agreement, and will not hold RAS and its employees responsible for any action taken for professional emergency services performed.	
I also declare that my child/ward is medically and mentally fit to participate in this activity.	
Parent/Guardian's NRIC/FIN No.:	Parent/Guardian's Contact No.:
Parent/Guardian's Name:	Signature of Parent/Guardian
Permission is hereby given for any photos of my child/ward to appear in any and all media, publications, advertising and publicity, in connection with his/her participation in this activity. Yes / No *	