安全责任声明

健康、保险及责任声明

本人在此声明，所有参赛者均已完成必要的健康检查，并符合参加新加坡第一届功夫大赛的健康要求。

参赛保险由参赛者自行办理。

本人愿意承担比赛期间可能发生的任何意外、伤害或相关事故责任。本人家属、代表或相关人员不得向主办委员会或赞助方追究责任，亦不得提出任何索赔。

本人同意主办委员会可将比赛期间拍摄的参赛者照片、视频或其他影像资料用于宣传或相关用途。

个人参赛者 / 团队负责人姓名:_____

签名: _____

日期: _____

说明：团队和个人均可填写此表，人数较多者可复印或打印此表均有效。
Note: Both teams and individuals can fill out this form, and those with a large number of people can photocopy this form, both of which are valid.
Once completed, email with other appendices to / 填妥后请连同其他附录发送至**: yanrong@shaolin.org.sg**

代表队伍

团队负责人姓名 :_____ 签名:_____

个人参赛者姓名:_____ 签名:_____

签署日期: _____ 参赛人数:_____

(注:如有18岁以下未成年参赛者，需有监护人签名)

附:参赛安全责任声明人名单(均须亲自签名方能生效)

号	参赛者	签名或监护人签名	号	参赛者	签名或监护人签名
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

说明:团队和个人均可填写此表，人数较多者可复印或打印此表均有效。

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SAFETY RESPONSIBILITY STATEMENT

Health, Insurance and Liability Declaration

I hereby declare that all contestants have completed the necessary medical checks and meet the health requirements to participate in the 1st Singapore Kung Fu Competition.

Competition insurance shall be arranged by the contestants themselves.

I accept responsibility for any accident, injury, or related incident that may occur during the competition. My family members, representatives, or related parties shall not hold the Organizing Committee or sponsors liable, nor make any claims against them.

I agree that the Organizing Committee may use photos, videos, or other images of contestants taken during the competition for promotional or related purposes.

Individual / Team Representative Name:_____

Signature: _____

Date: _____

说明：团队和个人均可填写此表，人数较多者可复印或打印此表均有效。
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Representative team

Team Leader Name:_____ **Signature:**_____

Individual Competitor Name: _____ **Signature:**_____

Date: _____ **No. of Participants:**_____

(Note: If there are contestants under the age of 18, the guardian's signature is required)

All must be signed in person to be effective

No.	Name	Signature	No.	Name	Signature
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12			37		
13			38		
14			39		
15			40		
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18			43		
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20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

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