

Singapore Tree Climbing Championships

29th Aug 2013 – 1st Sept 2013

Climber Entry Form and Waiver

This **MUST** be completed and submitted with your payment before 27th Aug 2013.

Applications to Singapore Arboriculture Society, Email: info@sas.com.sg or by Post: BLK 53, 01-398 Stirling Rd Queenstown, Singapore 141053

| | | | |
|---|--|------------------|----------------------------------|
| Name | | | |
| Date of Birth | | | |
| Organisation | | | |
| Emergency Contact | Name: | Address: | PH: |
| Country | | | |
| State | | Post Code | |
| Postal Address | | | |
| Telephone | () | Mobile | |
| E-mail | | | |
| Entry Fee | Singapore Tree Climbing Competition | | <input type="checkbox"/> SGD\$75 |
| Shirt size: | | | |
| | | | |
| Association name and Membership number (if applicable) | | | |
| Method of Payment: <input type="checkbox"/> Cheque (Bank cheque/money order) | | | |
| <input type="checkbox"/> Online payment: Paypal via http://www.sas.sg/ | | | |
| Make payment to Singapore Arboriculture Society. We cannot accept cash. | | | |

Please provide a brief description of competition experience, ranking and current employment.

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Waiver and Hold-Harmless by Contestant

In consideration of acceptance of my application for entry as a contestant in the STCC Tree Climbing Championship I hereby waive any and all claims I may have at any time, and any and all claims which might otherwise be made by, or on behalf of, or on account of me, or by any person or entity in any way as my subrogates against the STCC Organising committee, the event hosts, Singapore Arboriculture Society (SAS) and/ or Center for Urban Greenery and Ecology (CUGE) and / or and any and all participating Chapters, their officers, directors, employees, agents, members, guests, invitees, and any person who would be lawfully entitles to indemnification from any of them for any liability to, or on behalf of, or on account of me, for any injuries or damages of any kind whatsoever arising on account of or in consequence of my activities or participation in the STCC Tree Climbing Championship, or in any other way related to the STCC Tree Climbing Championship. I further agree to hold the STCC Organising committee, Singapore Arboriculture Society and any and all participating Chapters, their officers, directors, employees, agents, members, guests, and invitees, safe and harmless from any expense for defence, settlement, payment of damages or other expenses relating in any way to injuries sustained by me in any way related to the STCC Tree Climbing Championship. I recognise and assume all risks and danger involved in my participation, and will not under any circumstances rely upon the care, attention, or assurance of anyone other than myself for matters relating to my safety.

Contestants Signature _____ Dated this _____ day of _____, 2013

Certification and Waiver by Employer of Contestant

I hereby certify that I am the employer or a duly authorised representative of the employer, of the above-named individual planning to participate in the STCC Tree Climbing Championship and that the employer has encouraged this participation. The employer hereby waives any and all subrogation claims it may have against the STCC Organising committee, the event hosts, Singapore Arboriculture Society (SAS) and/ or Center for Urban Greenery and Ecology (CUGE) and / or any and all participating Chapters, their the officers, directors, employees, agents, members, guests, or invitees, as a result of any compensation or other benefits or expenses incurred or paid by it, its insurance carrier, or otherwise on its behalf, in event any claim or injury results from this participation, and will hold the STCC Organising committee, Singapore Arboriculture Society and any and all participating Chapters, their officers, directors, employees, agents, members, guests, and invitees safe and harmless from any expense for defence, settlement, payment of damages and other expenses relating in any way to subrogation or other claims by or on behalf of this employer relating to injuries sustained by this employee. I further certify that I am duly authorised to execute this Certification and Waiver on behalf of the employer and that any and all necessary resolutions have been duly passed and adopted by the employer.

The exact name and address of the employer, and state of incorporation in applicable is:

_____ Dated this _____ day of _____, 2013

Signature of Employer or Authorised Representative