

PAR-Q & You

Before you take part in the event, please answer this Physical Activity Readiness Questionnaire.

Participants 15yrs & below, form must be filled-up and signed by the guardian/parent.

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

For more information about taking part in sports safely, visit the Sport Singapore [website](#)

DISCLAIMER

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained.

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event.

I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, contractors, sponsors, promoters, Active.com and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event.

I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I hereby declare and certify that:

- a) I am physically fit and have sufficiently trained to take part in the Event and related practice activities.
- b) I have no medical conditions that I am aware of that would place myself or others at risk or harm as a result of my participation in the Event and related training sessions.
- c) I am aware that ocean swimming, cycling and running are potentially hazardous activities in an uncontrolled open course environment and carry with them the potential for serious injury or death.

I also acknowledge that:

- a) I hereby agree to assume all risks associated with my participation in the race and training sessions
- b) I realize that liability may arise from negligence or carelessness on the part of myself, my fellow participants or any of all the persons, corporations, and bodies involved in The Event and the service agents, representatives and officers or any of them, or from dangerous or defective equipment controlled by them.

Further, having carefully read the above waiver and all risks being known and appreciated by me and in consideration of my participation in The Event and/or associated training sessions. I hereby take responsibility for myself and anyone entitled to act on my behalf and hereby declare that I:

- a) Waive, release and discharge from any and all liability for my death, disability, personally injury, property theft and actions of any kind however caused which may hereafter accrue to me, all persons, corporations, and bodies involved in The Event and the service agents, representatives and officers or any of them.
- b) Indemnify and hold harmless all persons, corporations and bodies involved in The Event and the service agents, representatives and officers or any of them from any and all liabilities or claims made as a result of participation in the race and training sessions, whether caused by negligence or otherwise.
- c) Consent to receive medical treatment which may be deemed advisable in the event or injury, accident and/or illness during the race and agree to be solely responsible for all costs relating to medical treatment, transportation and/or evacuation; and Finally, I release all rights and grant full permission to the use of my name, voice and photographic/electronic/ video image or any other record without compensation.

Full Name & Signature: _____

Date: _____

Bib Number: _____