



### Indemnity Form

This form is to be completed by the runner's parent or guardian if the runner is under 18 years old. The **MINIMUM AGE** for participation in NEON RUN 2019 is **6 YEARS OLD**. Children below the age of 13 **MUST** be accompanied by a parent/guardian at all times during the event. Failing to do so, the Organizers reserve the right to refuse entry of any applicant. Please fill in the form with **LEGIBLE** writing, provide your signature, and submit this form at the Race Kit Pack Collection. Runners below 18 years old who fail to submit this form will not be allowed to join the run.

Participant's full name: \_\_\_\_\_

Participant's IC or Passport Number (or Birth Certificate Number for those under the age of 12)\*: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent / Guardian's full name: \_\_\_\_\_

Parent / Guardian's IC or Passport Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent /Guardian's phone number: \_\_\_\_\_

Parent/Guardian's e-mail address: \_\_\_\_\_

**\*\*Minimum age for participation in Breast Cancer Charity NEON RUN 2019: 7 years old**

#### **Authorization:**

I, the undersigned, am willing that my child should participate in Breast Cancer Charity Neon Run 2019 to be held on 6<sup>th</sup> April 2019 at University of Malaya, Malaysia. I understand the nature of the activities at the event may include hectic running and long distance running and that there are risks associated with these activities.

I **HEREBY AUTHORISE** the organizers in charge of the event or the activity in which my child is involved, to consent where it is impracticable to communication with me to my child receiving such medical or surgical treatment as the organizer may deem necessary at any time during the event. I further



authorize the use of Ambulance and / or anesthetic by a qualified practitioner if in his / her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

**PHOTOGRAPHS & VIDEO FOOTAGE**

I give permission to the Organizers of NEON RUN 2019 / their sponsors to take and store photographs and/ or video footage of my child to be used in promotion of our activities in our local community and in the event.

**PLEASE SPECIFY ANY SPECIAL MEDICAL CONDITIONS OF YOUR CHILD:**

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THE FOLLOWING IS TO BE SIGNED BY A PARENT/ GUARDIAN IF RUNNERS ARE UNDER 18 YEARS OF AGE.

I understand that every effort will be made by the organizers firstly to contact me in the event of any illness or accident.

This is not the first time that my child has been away from home without the company of a parent/ guardian.

The particulars given on the confidential particular above are correct.

My child agrees to abide by the rules and regulations of the youth ministry unit and to participate in all aspects of the event program.

Signature:

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Name:

Date: