

PARENTAL CONSENT FORM (FOR PARTICIPANTS UNDER THE AGE OF 16)

| In consideration o | f and as part of the agreem | ent to participate in " Walk ' | for Hope 2025" organised |
|------------------------|--|---------------------------------------|-------------------------------------|
| by Ray of Hope, | | | |
| I hereby allow m | y child/ward | | (name of child/ward) |
| NRIC: | (last 4 characters) to par | ticipate in Walk for Hope | 2025 on 26 th July 2025, |
| Saturday (physica | l/virtual categories), having f | ully understood this activity | y involves inherent risks of |
| illness, injury, deat | h and/or loss or damage of | property, which may be cau | used by negligence, forces |
| of nature and othe | er causes known or unknown. | | |
| • | ch risks are always present, l nay not be readily available c | • | event. I am also aware that |
| I hereby indemnify | , and irrevocably and foreve | r release and waive all rights | s and recourse against Ray |
| of Hope and their | respective agents, partners | s, and associates, from and | against any and all claims, |
| demands, payme | nts, proceedings, judgmer | its, settlements, awards, e | expenses including other |
| liabilities arising in | connection with the event. | | |
| l, | | _ (name of parent/guardian |) NRIC: (last |
| | nowledge that I have read, u | | |
| declare that I have | e the authority to sign this r | elease form and that I have | read and understood this |
| agreement prior to | signing it. | | |
| | | | |
| | | | |
| | dian's Signature & Date | | |

Important: Please return this completed form via email to <u>info@rayofhope.sg</u> within 48 hours of registration. Failure to do so will result in an unsuccessful registration and you will not be allowed to participate in the event, regardless of whether payment has been made. Visit https://walk.rayofhope.sg for more information.