

PHOTO TEENZ 2011 REGISTRATION FORM

PARTICIPANT'S DETAILS			
Full Name			
Passport/NRIC No.			
Gender		Age	
Address			
Country		Postcode	
School Name			
Home Tel		Handphone No	
Email Address			

IN CASE OF EMERGENCY			
Contact Person			
Contact No		Relationship	

PARENTAL CONSENT FORM			
Participant Name			
Passport / NRIC No.			
Parent/Guardian Name			
Passport/ NRIC No.			
<p>I, hereby declare that my child/ward is participating the Photo Teenz 2011 of his/her own free will and volition. I am also aware of the risks involved and in consideration of being permitted by Alvin Leong Academy of Photography ("ALAP") and ATCEN Learning Centre (ATCEN), to participate in the Event, I, for myself *and my *child/ward, my successors, personal representatives and assigns:</p> <p>(a) do hereby absolve, acquit and discharge ALAP, ATCEN and its officers, servants, employees, agents or volunteers from all or any responsibility, actions, causes of action, claims, demands and obligations whatsoever arising from any loss or damage (including, without limitation and to the extent permissible by law, physical injury, loss of life or property damage) caused by or sustained as a result of *my/my *child/ward's participation in the Event; and</p> <p>(b) will indemnify and keep indemnified, save and hold harmless ALAP, ATCEN and its officers, servants, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my/my *child/ward's participation in the Event.</p> <p>(c) I also consent to any emergency treatment necessary. I therefore authorise the organizer(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.</p>			
Parent/Guardian Signature		Date	

OFFICE USE ONLY			
Date of Payment		Payment Type	
Receipt No.		Received by	
Remarks			