SINGAPORE TAEKWONDO FEDERATION FIRST STF VIRTUAL TAEKWONDO BOOT CAMP EXPERIENCE PARTICIPANT'S UNDERTAKING AND PARENTAL CONSENT FORM

I, (Name of Participant)	(Last 4 digits of NRIC No.)
of (Name of	Dojang)
	, declare that I am a Singapore Citizen and holder of
Singapore Taekwondo Federation	(STF) Poom or Black Belt holder, and the information given is
true, correct and complete. If the	declaration is false, I may be sanctioned by the relevant
authorities.	
Disclaimer & Indemnity by Par	<u>icipant</u>
I hereby declare that I shall not cl	aim against the Singapore Taekwondo Federation and or any o
its officers/volunteers for any loss	es and liabilities suffered by me directly or indirectly and I
hereby declare that I shall indemr	ify the Singapore Taekwondo Federation or any of its
officers/volunteers against any cla	ims losses liabilities suffered directly or indirectly as a result
of my participation in STF Virtua	l Taekwondo Boot Camp Experience to be held on 27 January
and 28 January 2024 or any adjou	rnment thereof at the venue of the activity.
Signature of Participant	Date
Parental Consent for Participan	at Below 21 Years of Age
	(Last 4 digits of NRIC No.)
and (Contact No.)	consent to the above named, who is my child to
participate in the STF Virtual Tae	kwondo Boot Camp Experience on 27 January and 28 January
2024. I hereby release the Singar	ore Taekwondo Federation and its agents from all liabilities
that may arise in connection there	in.
Signature of Parent	Date