

## SUSS ANALYTICS AND VISUALISATION CHALLENGE 2024

### UNDER 18 PARTICIPANT WAIVER AND RELEASE

A scanned copy of this form, duly completed and signed, must be submitted together with the registration form for the Challenge to Singapore University of Social Sciences (“SUSS”).

If you have questions regarding this form, contact Dr. Zhang Yimiao at [yzhang@suss.edu.sg](mailto:yzhang@suss.edu.sg).

#### Participant Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Name of School/Institution: \_\_\_\_\_

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

#### Parent/Legal Guardian Personal Information

Parent/Legal Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Same as Participant

Phone Number (for contacting during the Challenge): \_\_\_\_\_

I wish to have my child/ward participate in the SUSS Analytics and Visualisation Challenge 2024 being held at Singapore University of Social Sciences (“SUSS”) on 11 September 2024 and 18 September 2024 (the “Event”) and I agree as follows:

#### Event Terms and Conditions

I have read, understand and agree to the Terms and Conditions of the Event made available to me on the registration form. I undertake that my child/ward will abide by the Terms and Conditions and understand that any breach may result in my child/ward’s disqualification, forfeiture of prizes, removal from the Event and disqualification from future events organised by SUSS.

#### Release and Indemnification

I understand that there is no guarantee that my child’s/ward’s participation in the Event is free of risk of personal injury or property damage or loss. I hereby release SUSS, its officers, employees, Event partners, sponsors, suppliers, agents and volunteers (collectively, the “Released Parties”), from and

against any and all claims, demands, suits, judgments, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that my child/ward may suffer at any time arising from or in conjunction with his/her participation in the Event, including any injury or harm to my child/ward, my child's/ward's death, or loss or damage to my child's/ward's property and I agree to defend, indemnify, and save the Released Parties harmless from and against any and all such liabilities.

I acknowledge that the Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any third party or entity conducting a specific event or activity on behalf of SUSS.

If any provision of this Waiver and Release is found to be void or unenforceable in a judicial proceeding, such provision shall be severed and shall be inoperative, and the remainder of this Waiver and Release shall remain operative and binding on all Released Parties. THE RELEASED PARTIES ARE NOT LIABLE FOR ANY CONSEQUENTIAL, PUNITIVE, SECONDARY, SPECULATIVE, SPECIAL OR INCIDENTAL DAMAGES.

**Emergency Authorization**

I hereby give my consent and authorization to the personnel of SUSS to seek the services of doctors, hospital doctors, hospital and ambulances for my child's/ward's care, with the understanding that the financial costs incurred will be assumed and borne by me. I am unaware of any physical or medical limitations that would preclude my child/ward from attending this Event except as may otherwise be noted herein.

I have read this document, and I fully understand its contents. I am aware that this is a release of liability related to my child/ward and a contract and sign it of my own free will.

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(Parent/Guardian's Name)                      (Parent/Guardian's Signature)                      (Date)

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(Participant's Name )                      (Participant's Signature)                      (Date)