

**Singapore Institute of Management  
Student Life Division - Office of Internship & Industry Engagement**

**Indemnity Form – 21 years old and above**

**To be completed and signed by PARTICIPANT OF AGE 21 AND ABOVE.**

**To : Singapore Institute of Management**

**ACKNOWLEDGEMENT OF RISKS & UNDERTAKING**

I confirm that I fully understand the nature of the **SIM Internship Programme** and I further confirm that I am fully aware that my attendance/participation in the programme may involve certain amount of risks (including but not limited to sustaining personal injuries). I understand that I will have to cooperate fully with the organiser/SIM and I undertake to diligently comply with all safety instructions. I further confirm that I have fully informed my parents of my attendance/participation in the Programme.

I hereby irrevocably undertake that I shall not, to the fullest extent permitted by the laws of Singapore, hold SIM, its staff, officers, faculty, or any of its authorised agents responsible for any damage to or loss of property or any injury or loss of life which may be sustained by me during the programme or arising from any cause in connection with the programme where such damage to or loss of property or any injury or loss of life is not caused by the negligence of SIM, its staff, officers, faculty, or any of its authorised agents.

\_\_\_\_\_  
**Name of Participant  
(As in NRIC/Passport)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**NEXT-OF-KIN CONTACT DETAILS**

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**CONTACT NO: (Home)** \_\_\_\_\_

**(HP)** \_\_\_\_\_

**Singapore Institute of Management  
Student Life Division - Office of Internship & Industry Engagement**

**Indemnity Form – Below 21 years old**

**To be completed and signed by PARENT/GUARDIAN OF PARTICIPANT BELOW THE AGE OF 21**

**To : Singapore Institute of Management**

**ACKNOWLEDGEMENT OF RISKS, CONSENT & UNDERTAKING OF PARENT/GUARDIAN**

I (Name as in NRIC/Passport), \_\_\_\_\_, holder of \*NRIC/Passport No. \_\_\_\_\_ (\*pink/blue), \_\_\_\_\_ (mobile/ home contact no), confirm that I allow my \*child/ward(Name as in NRIC/Passport) \_\_\_\_\_ to attend and fully participate in the **SIM Internship Programme.**

I confirm that I fully understand the nature of the programme that my \*child/ward will be participating in and I further confirm that I am fully aware that \*his/her attendance/participation in the programme may involve certain amount of risks (including but not limited to sustaining personal injuries). My \*child/ward understands that \*he/she will have to cooperate fully with the organiser/SIM and \*he/she undertakes to diligently comply with all safety instructions.

I hereby irrevocably undertake that I shall not, to the fullest extent permitted by the laws of Singapore, hold SIM, its staff, officers, faculty, or any of its authorised agents responsible for any damage to or loss of property or any injury or loss of life which may sustained by my \*child/ward during the programme or arising from any cause in connection with the programme where such damage to or loss of property or any injury or loss of life is not caused by the negligence of SIM, its staff, officers, faculty, or any of its authorised agents.

**PARENT/GUARDIAN TO SIGN BELOW**

\_\_\_\_\_  
**Name of \*Parent / Guardian  
(As in NRIC/Passport)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**