Patient Purpose Day Run 2026

Official Healthcare Partner

Jerudong Park Medical Centre

PARENTAL / LEGAL GUARDIAN CONSENT DECLARATION

For Participants Below 12 Years of Age

I hereby declare that I am the parent/legal guardian of the child named below, who is under 12 years of age. I give my explicit authorization and full consent for my child to register for and participate in the **DKSH Patient Purpose Day Run 2026**.

I acknowledge that participating in a running event carries inherent risks, including but not limited to physical injury. I certify that my child is physically fit and has no medical condition that would prevent them from safely participating in this event. In the event of an emergency, I authorize the event organizers and their appointed medical staff, including the official first aid provider (RSW Services), to administer necessary medical treatment to my child.

I agree to release, indemnify, and hold harmless DKSH, Jerudong Park Medical Centre, event organizers, sponsors, and volunteers from any claims, liabilities, or damages arising from my child's participation in this event.

Part A: Participant (Child) Details

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Age on Race Day: _____

Gender: _____

Medical Conditions / Allergies (if any): _____

Part B: Parent / Legal Guardian Details

Full Name: _____

Relationship to Participant: _____

NRIC / Passport No.: _____

Contact Number (Mobile): _____

Email Address: _____

_____ _____

Signature of Parent / Legal Guardian **Date (DD/MM/YYYY)**

Data Privacy Statement: The information collected in this form will be used solely for the purpose of event registration, administration, and emergency medical response for the DKSH Patient Purpose Day Run 2026. By signing this form, you consent to the processing of your and your child's personal data in accordance with applicable data protection laws.