



NANYANG TECHNOLOGICAL UNIVERSITY SPORTS CLUB

c/o SPORTS & RECREATION CENTRE
20 NANYANG GREEN SINGAPORE 637715
TEL: 67905172 FAX: 63165315
WEBSITE: WWW.NTUSPORTSCLUB.SG

BIKE RALLY 2017 SAFETY CYCLIST HEALTH DECLARATION FORM

Please **circle** accordingly for the following questions.

- 1) Do you have any heart conditions that allow you to perform physical activity only upon recommendations by the doctor? YES / NO

- 2) Do you feel any chest pain whenever you perform a physical activity? YES / NO

- 3) Have you felt any chest pain over the past month even without performing any physical activity? YES / NO

- 4) Have you ever lost consciousness or, lost balance due to dizziness after a strenuous activity? YES / NO

- 5) Do you have a bone or joint condition that could be worsened by engaging in a physical activity? YES / NO

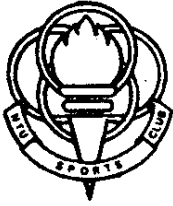
- 6) Are you currently on any prescribed drugs for heart conditions or blood pressure? YES / NO

- 7) Do you have any existing medical condition(s) that might render you unfit for engaging in strenuous activities? YES / NO

- 8) Have you ever experienced an unusual shortness of breath during or after a strenuous activity? YES / NO

If your answer is a **YES for any of the questions above, please obtain a certificate of approval from a certified doctor to prove that you are fit to participate in strenuous activities and submit a copy along with the declaration form for recording purposes.

**Please note that safety cyclists aged 45 & above are advised to seek medical certification to ensure they are fit for the event.



NANYANG TECHNOLOGICAL UNIVERSITY SPORTS CLUB

c/o SPORTS & RECREATION CENTRE
20 NANYANG GREEN SINGAPORE 637715
TEL: 67905172 FAX: 63165315
WEBSITE: WWW.NTUSPORTSCLUB.SG

BIKE RALLY 2017 SAFETY CYCLIST DECLARATION

I, _____ (Name), _____ (NRIC), consent to participate as a safety cyclist in Bike Rally 2017. I agree to hold Bike Rally 2017 Committee, Nanyang Technological University (NTU) Sports Club and your organisers, sponsors, appointed officials and staff free of liability or whatsoever for the loss of life or injury to a person or damage to the property of goods whatsoever and howsoever occasioned during the dry run on 5th February 2017 and the event on 5th March 2017.

I further agree to keep the above mentioned against all claims, actions, damages, losses and expenses and whatsoever and howsoever arising from the event. I hereby certify that I will abide by all rules & regulations of Bike Rally 2017. I also declare that I am medically fit to take part as a safety cyclist in Bike Rally 2017 with full knowledge of the consequences that may arise from my involvement in the event, and do hereby, for myself, my executors, administrators and assigns, covenant with the organisers and sponsors to release them from any claims I may have against them in an event of injury, fatal or otherwise, that I may suffer as a result of my participation as a safety cyclist.

I also agree that the decision of the Organising Committee will be final and that no appeal will be entertained. I consent to NTU Sports Club's collection and use of my personal data above for the purposes of facilitating my participation in this event and for emergency responses and recovery requirements. I understand that I may withdraw this consent expressly at any time in writing except to the extent that action has been taken in reliance upon it.

Signature of Safety Cyclist

Date



**NANYANG TECHNOLOGICAL UNIVERSITY
SPORTS CLUB**

c/o SPORTS & RECREATION CENTRE
20 NANYANG GREEN SINGAPORE 637715
TEL: 67905172 FAX: 63165315
WEBSITE: WWW.NTUSPORTSCLUB.SG

**BIKE RALLY 2017 SAFETY CYCLIST
INDEMNITY FORM**

(For safety cyclist below 21 as of dry run date, 5th February 2017)

I, _____ (Name & NRIC of Parent/Guardian), of
_____ (Name & NRIC of Safety Cyclist), confirm
that I fully understand and appreciate the effect of the below Declaration Clause, and hereby agree and
declare on behalf of the Entrant that the purpose of the Declaration Clause will have equal binding effect
on the Entrant. I will not hold NTU Sports Club responsible for any loss of life or injury to person or loss
or damage to property of goods whatsoever and howsoever occasioned at the event.

Signature of Parent/Guardian

Date



NANYANG TECHNOLOGICAL UNIVERSITY SPORTS CLUB

c/o SPORTS & RECREATION CENTRE
20 NANYANG GREEN SINGAPORE 637715
TEL: 67905172 FAX: 63165315
WEBSITE: WWW.NTUSPORTSCLUB.SG

BIKE RALLY 2017 SAFETY CYCLIST PERSONAL DATA PROTECTION ACT

- 1) In compliance with the Personal Data Protection Act (“PDPA”), the Bike Rally 2017 Committee seeks your consent to collect and use your personal data (i.e. Name, NRIC, contact numbers, mailing and email addresses) in order to maintain our registry of safety cyclists and to disclose such personal data to NTU Sports Club and affiliated organisations where necessary.
- 2) NTU Sports Club will also collect and use your personal data to provide you with information on event details and events organised by NTU Sports Club which may be relevant to you.
- 3) The Bike Rally 2017 Committee respects your privacy and assures that your personal data will be kept securely according to PDPA.
- 4) I hereby give my acknowledgement and consent to the Bike Rally 2017 Committee to use my personal data for the aforesaid Purposes and Services. In the event that I have registered my Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw my consent to the Bike Rally 2017 Committee in respect of receiving telephone calls and/or SMS, I endeavor to provide sufficient notice to the Bike Rally 2017 Committee of such as soon as reasonably practicable. I further agree to indemnify Bike Rally 2017 Committee against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of my failure to inform Bike Rally 2017 Committee of my registration with the Do Not Call Registry.
- 5) I agree that my consent will remain in place until my withdrawal by officially notifying the Bike Rally 2017 Committee in writing or email at sc-bikerally@e.ntu.edu.sg.

Signature of Safety Cyclist

Date