





#NETFESTHK 2021

-DISCLAIMER FORM-

Team Name: / / (DD/MM/YY)	Category (if known):
Full Name (in English):(Surname)	(Given Name)
Waiver of Liability	
Netball Association Netball League & Programs (the with netball. I hereby for the Player, waive and rele personnel, including the owners of the fields and far Player resulting from the Players participation in the person or property, resulting from the negligence of participation in the Program. I further agree to independ and harmless from any loss., liability, damage, cost damage that I or the Player may cause or sustain w	listed player's (the "Player") acceptance and participation in the Hong Kong e "Program") and recognising the possibility of physical injury associated ase, discharge and/or otherwise indemnify the Program and its associated acilities utilised for the Program against any claim by or on behalf of the e Program that is now existing for damage or injury to the player, or to any or other acts of any employees or volunteers in connection with the players emnify and to hold the Programme (including it associated personnel) free or expense which they may incur as a result of any injury and /or property hile participating in the Program. I understand that Medical Insurance thong Kong Netball Association does not provide medical insurance
following rules at all times: The individual, or anyone in the individual Covid-19, or must not be under mandator. The individual or anyone in the individual's home quarantine within 14 days of the da The individual declares that they have not preliminary positive case of Covid-19 infection. If you are experiencing fever or respiratory.	knowingly been in contact with any person who is a confirmed or
If in doubt or to update your declared information,	please contact HKNA at hkna@hkolympic.org .
If participant is below 18 years of age, a guardian	or parent must sign on his/her behalf:
Name of guardian or parent of applicant:	
Signature of guardian or parent of applicant:	Date:
For participant 18 years or over:	
Signature of Applicant :	Date :