



INDEMNITY FORM

SINGAPORE AEROMEDICAL CENTRE
OPERATED BY ST HEALTHCARE PTE LTD

PART A: RELEASE AND INDEMNITY AGREEMENT

I, and if I am a minor, my parent(s), for and on behalf of myself and my children, heirs, executors, administrators and representatives, agree to release, indemnify and defend Singapore Aeromedical Centre (SAC) operated by ST Healthcare Pte Ltd (STHC) ("indemnify" meaning protect by reimbursement or payment), with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable legal fees), made or brought by anyone, arising out of any injury, damage, death or other loss in any way connected with myself or my child's enrolment or participation in SAC / STHC activities or use of equipment or facilities at SAC / STHC, however caused.

PART B: ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

Engaging in SAC / STHC educational and/or training activities involves certain risks. Although SAC / STHC has taken reasonable steps to ensure safe simulation ride(s) and provide students with appropriate equipment and skilled staff, students understand and acknowledge that there are risks, hazards and dangers associated with these activities. Some risks are inherent in these activities and cannot be eliminated or reduced.

I understand SAC / STHC does not want to frighten me or reduce my enthusiasm for these activities, but believes it is important for me (and my parents, if I am a minor) to know in advance what to expect and to be informed of the risks.

High Altitude Exposure in Altitude Chamber

During the high altitude exposure, the participants experience the effects of pressure changes in a controlled environment. Risks involve barotraumas and decompression sickness.

PART C: MEDICAL AUTHORITY and MISCELLANEOUS MATTERS

Medical Care: I authorise SAC / STHC personnel to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorise SAC staff or other medical personnel to render such treatment they deem necessary for me/my child's health. I agree that SAC has no responsibility for medical care provided to me/my child, and I agree to pay all costs associated with such care. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable mediator. Any portion of this document deemed unlawful or unenforceable shall not affect the remaining provisions of this document, and those remaining provisions shall continue in full force and effect.

I have carefully read and understood this document. I acknowledge that there are dangers involved and participation is voluntary. I agree to pay attention to instructions and follow directions. I acknowledge that I MUST BE RESPONSIBLE for my own safety at all times.

Student Name

Signature / Date

Parent or guardian must sign below on behalf of any participating minor (under 21 years of age) and agree that they are subject to all the terms of this document, as set forth above. Both minor and guardian must sign.

Parent/Guardian Name

Signature / Date