



Parental/ Guardian Consent for Participants under 21

I, _____

(insert Name of Parent/Guardian as in Identification / Passport)

_____ (insert Relationship to child / ward), allow my

child/ ward _____

(insert full name of child / ward), _____

(insert Identification / Passport Number of child) to participate in

(insert name of course / activity) on the _____

(insert date(s) of course / activity).

I will not hold Paddle Culture International Pte. Ltd responsible for any mishaps or accidents that may occur during, or as a result of, my child/ward's participation in the aforementioned activity.

Signature:

Date:



PADDLE CULTURE INTERNATIONAL PTE LTD

#02-12W, 4 Engineering Drive 3, National University of Singapore, Singapore 117583
Tel: (65) 64434811 • Fax: (65) 67720998 • Email: info@paddleculture.com • Website: www.paddleculture.com