

Singapore Ballet Limited

General Release of Injury Liability Form

I, _____, * NRIC No./Fin No./Passport No.: _____,
hereby assume full responsibility of all the risks and injury of participating in the
* Adult Dance Class / Ballet Associates Course / SB Scholars conducted by Singapore Ballet
Limited (hereby known as the Company).

I certify that I am physically fit to participate in the classes and have not been advised not
to participate by a qualified medical professional. I certify that there are no health-related
reasons or problems which preclude my participation in these classes.

I acknowledge that this General Release of Injury Liability Form will be used by the
Company which I may participate, and that it will govern my actions and responsibilities at
the said activity.

* circle accordingly

Signature: _____

Full Name: _____

Date: _____