



City Harvest School of Theology
PARENTAL CONSENT FOR ENROLMENT
[Confidential]

I, _____ (Name of *parent/guardian as in NRIC/FIN/Passport*), _____ (NRIC/FIN/Passport* number), the *parent/guardian of _____ (Name of *child/ward as in NRIC/FIN/Passport* number) hereby give my *child/ward formal consent to enroll into City Harvest School of Theology ('SOT') for the period of 26 March 2018 to 30 September 2018.

To the fullest extent permitted by law, I as the *parent/guardian of my *child/ward agree and acknowledge that I will not hold City Harvest Church (CHC), School of Theology (SOT) and the staff, management, leadership, consultants and/or overseas affiliates of CHC (collectively, the "Released Parties") responsible for any losses, accidents, injuries, invalidity and death, and all liabilities, claims, actions, damages, costs and expenses which may arise out of, or be in any way connected with my *child/ward's participation in CHC and SOT-related activities.

To the fullest extent permitted by law, I hereby indemnify, defend, and hold and save harmless the Released Parties against any and all such liabilities, claims, actions, damages, costs and expenses (including solicitor's fees and disbursements) connected with my *child/ward's participation in CHC and SOT-related activities.

By submitting this form, I give my consent to City Harvest Church ('CHC') and School of Theology ('SOT') to collect, use and disclose my personal data as well as my *child/ward's personal data for the purpose of notifying and contacting me and my child/ward regarding CHC and SOT-related activities via calls, text messages, post and emails.

Through my *child/ward's participation and involvement in CHC and SOT-related activities, my *child/ward's photographs and audio/video recordings may be used by CHC and SOT for internal and external publicity purposes through mediums including, but not limited to, printed materials, electronic publications, websites and social media platforms.

I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting dpo@chc.org.sg. The CHC PDP Policy and how my personal data and my *child/ward's personal data is used is also available at chc.org.sg/pdpa.

I also confirm that I have obtained the relevant consent of the following individual whose personal information I have disclosed in this application, such that CHC and SOT may contact him/her regarding my *child/ward in the event of emergency:

Name	:	_____
Relationship to *child/ward	:	_____
Contact Mobile	:	_____
Contact Home	:	_____
Contact Email	:	_____

Signature

Date

* Please delete accordingly.

** Consent Form to be completed by a Parent/Legal Guardian if Participant is a Minor i.e. below 21 years of age.