UNDERTAKING BY [*NAME OF THE FEDERATION*]

To: The Allied Health Professions Council

Whereas We, [*NAME OF THE FEDERATION*] have invited [*name of the physiotherapist*], Passport number [*passport no*.] to Singapore to provide allied health services only during the entire period in Singapore from [ *date* ] to [ *date* ],

I, [*NAME OF THE FEDERATION*], hereby agree to bear full responsibility for any mishap or misfortune from any allied health treatment which may be undertaken by [*name of the physiotherapist*] whilst under our request or direction, whether or not arising from any negligence, carelessness or lack of care in any way on our part or on the part of *name of the physiotherapist*].

I further undertake to indemnify the Allied Health Professions Council and its employees against all third parties for any liability and /or loss which the Allied Health Professions Council and/or its employees may incur directly and/ or indirectly as a result of any such allied health treatment undertaken by [*name of the physiotherapist*].

Signed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*NAME OF THE FEDERATION*]

[ *date* ]

**RELEASE AND DISCHARGE**

To: The Allied Health Professions Council

I, [*name of the physiotherapist*], Passport number [*Passport no*.], hereby agree to release and discharge the Allied Health Professions Council and its employees from any liability which may be incurred directly and/ or indirectly as a result of any mishap or misfortune arising from any allied health treatment which I may undertake whether or not arising from any negligence, carelessness or lack of care in any way on my part, during the entire period when I am in Singapore from [ *date* ] to [ *date* ].

I further acknowledge and agree to the undertaking and indemnity to be provided by the [*NAME OF THE FEDERATION*] in respect of any allied health treatment undertaken by me.

Signed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[*name of the physiotherapist*]

[ *date* ]