

DECLARATION FORM

Social Event: 樂齡俱樂部：桌球體驗班
Date : 17 August 2024 (Saturday)

I, _____(full name), confirm that I fully understand and accept the risk of joining the above event. Under no circumstances shall Hong Kong Institute of Surveyors (“HKIS”), their staff or agents be held liable for the consequence of any accidents whether or not they are caused by the negligence of HKIS, their staff and/or agents.

Signature: _____ Membership No: _____
Address : _____
Mobile : _____ Email : _____

Remarks:

1. Members who apply for participating in the above event shall be in good health condition.
2. All participating members shall arrange their own transport to the venue.
3. Latecomers will NOT be picked up and will NOT be allowed to join the event.