

DECLARATION FORM

CPD Event: 樂齡俱樂部：參觀天文台總部
Date : 25 September 2024 (Wednesday)

I / We,

(1) _____ (HKID No. _____)

(2) (Plus-one) _____ (HKID No. _____)

confirm that I/we fully understand and accept the risk of joining the above Visit. Under no circumstances shall the 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 : _____

(Plus-one)

Signature: _____ Membership No (if any): _____

Address : _____

Mobile : _____ Email : _____

Remarks:

1. Members participating in the above event shall be in good health condition.
2. While the HKIS has arranged Group Personal Accident insurance for members joining the above event, members who have been accepted for joining the above event can consider procuring an appropriate insurance policy to cover their own risks before attending the event.
3. Claims related to COVID-19 and/or pandemics are excluded under the insurance policy procured by the HKIS.