

## DECLARATION FORM

**CPD Event : BS APC Mock Assessment for Practical Task 2018**

**Date : Saturday, 8 September 2018**

I, \_\_\_\_\_ (full name), confirm that I fully understand and accept the risk of joining the above site visit. Under no circumstances shall the organizer, 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 : \_\_\_\_\_

Remarks :

1. Members who apply for participating in the above event shall be in good health condition.
2. While HKIS has effected insurance policy for all participants of the above event, members who have been accepted for joining the above event shall consider to procure an appropriate insurance policy to cover their own risks before attending the event