

DECLARATION FORM

CPD Event : Visit to Legislative Council Complex

Date : Saturday, 4 August 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