

DECLARATION FORM

CPD Event : Visit to the Hong Kong Observatory Headquarters

Date : Saturday, 17 August 2019

I, _____(full name), confirm that I fully understand and accept the risk of joining the above visit. 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 the above visit shall be in good health conditions.
2. While HKIS has effected insurance policy for members joining the above visit, who have been accepted for joining the above visit shall consider to procure an appropriate insurance policy to cover their own risks before attending the event