

DECLARATION FORM

Site Visit : Visit to Tai Kwun
Date : 27 January 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 participating in the above visit shall be in good health condition.
2. While the HKIS has arranged Group Personal Accident insurance for members joining the above visit, members who have been accepted for joining the above visit can consider procuring an appropriate insurance policy to cover their own risks before attending the event.