



## DECLARATION FORM

**Event** : **HKIS Members Welfare Committee – Lai Chi Wo Day Tour**  
**Date** : **25 November 2023**

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 who apply for participating in the above event shall be in good health condition.
2. All participating members shall arrange their own transport to the gathering point.
3. While HKIS will arrange for insurance policy for the participants, members may consider taking out their own insurance policy to cover their own risks.
4. Latecomers will NOT be picked up and will NOT be allowed to join the visit.