

參加組別 Categories: 家庭組 Family 學生組 Student 大專組 Tertiary 企業組 Corporate* 公開組 Open

隊長 1
Team Leader (1)

中文姓名 Name (Chinese)	
英文姓名 Name (English)	
出生日期 (日/月/年) DOB(D/M/Y)	性別 Gender
身份證號碼 ID Card No.	___ - ___ - XXX(X)
手提電話 Mobile	
電郵 E-mail	

隊長地址 Team Leader's Address

就讀學校 / 團體名稱 Name of School / Organization (如適用 if appropriate)

緊急聯絡人姓名 Emergency Contact Person	緊急聯絡人電話 Emergency Contact No.
_____	_____

家長 / 監護人姓名 # Name of Parent / Guardian #	家長 / 監護人電話 # Parent / Guardian's Contact No.#
_____	_____

注意事項 Points to note

- 報名一經接納, 除主辦單位於比賽前宣佈因惡劣天氣或其他突發事件而取消, 所有參加費用恕不退還。
 - 參賽隊伍如於2014年2月22日或之後更改資料 (更改參賽組別或增減 / 轉換隊員), 主辦機構將收取每次HK\$100之行政費。於2014年3月8日以後, 主辦機構將不接受任何隊員或組別更改。
 - 若比賽前因惡劣天氣或其他突發事件而被取消, 參加隊伍將可獲退還50%之參加費用; 若比賽開始後取消, 參加費用則一概不退還。
 - 參加者如被發現填報資料失實, 大會將取消其參加資格。
 - 所有參加者提交的個人資料, 除用於本賽事外, 絕不外洩。
 - 如有任何爭議時, 大會保留最終決定權。
1. Participant Fees are non-refundable once the enrollment is accepted unless the Organizer cancels the event before the race starts due to the bad weather condition or unexpected circumstances.
2. Team will be charged HK\$100 per transaction while change the team member list / category after 22 February 2014. No change will be allowed after 8 March 2014.
3. Should the event be cancelled before the race starts due to the bad weather condition or unexpected circumstances, 50% of participation fee will be refunded. Should the event be cancelled during the race, no refund will be made.
4. The Organizer reserves the rights to disqualify or exclude any participant from the event who provides incorrect personal information in the registration.
5. All personal data of participants would only be used in this event and kept strictly confidential.
6. All matters and disputes will be subject to the final decision of the Organizer.

參加者聲明 Participants' Declaration

本人現參加「滙豐水足印定向2014」, 謹此聲明, 自己的健康及體能良好, 適宜參加上述活動, 並同意及遵守所有主辦機構及贊助商的安排及決定。本人明白及同意:

隊員 2
Team Member (2)

中文姓名 Name (Chinese)	
英文姓名 Name (English)	
出生日期 (日/月/年) DOB(D/M/Y)	性別 Gender
身份證號碼 ID Card No.	___ - ___ - XXX(X)
手提電話 Mobile	
電郵 E-mail	

就讀學校 / 團體名稱 Name of School / Organization (如適用 if appropriate)

緊急聯絡人姓名 Emergency Contact Person	緊急聯絡人電話 Emergency Contact No.
_____	_____

家長 / 監護人姓名 # Name of Parent / Guardian #	家長 / 監護人電話 # Parent / Guardian's Contact No.#
_____	_____

T- Shirt 尺碼
T- Shirt Size XS S M L XL

請於空格內填上所要求尺碼數量 (每隊員一件)
Please fill in the quantity needed (one T-shirt for each participant)

- 城市定向是一種可能導致個人傷亡或財產損失的活動, 本人同意承擔個人意外傷亡及財產損失的責任。如因本人的疏忽、技術不足、健康或體能欠佳, 而引致參加這項發生意外傷亡及財產損失, 主辦機構或其合辦、協辦、支持機構、贊助商無須負責。本人不會因此而向主辦機構或其合辦、協辦、支持機構、贊助商索償及追討責任;
 - 若本人在活動期間發生事故而導致主辦機構支付額外開支, 本人願意對主辦機構作出合理賠償;
 - 在簽署此表格前及參賽前, 應先諮詢醫生和獨立的法律意見。
 - 主辦機構及贊助商在毋須經本人審查而可永久地在任何地方使用本人的肖像、姓名、聲音及個人資料作為活動籌辦、傳媒及推廣之用 (包括相片、錄像及多媒體等)。
 - 主辦機構對參加者的私隱保障的承諾: 主辦機構不會出售或與任何公司/機構交換參加者的個人資料。參加者所提供的資料絕對保密, 只會被主辦機構及其委託的服務提供者用作參與「滙豐水足印定向」、收錄發送及與此活動有關的通訊用途。
- I hereby agree and declare that I am physically fit and healthy, suitable to participate in "HSBC Water Race 2014". I confirm and agree that I shall comply with all arrangement and decision made by the Organizer and sponsors, I fully understand and agree:

- City Orienteering is an activity which can involve risk of personal injury and/or property damage. I am joining this event at my own risk. The Organizer, co-organizer, supporting organizations, and sponsors will not be responsible or liable for any injury or death resulting from the event if cause of injury or death or property damage is due to my own negligence or inadequacy in skills, health and fitness;
- In case there is additional expenses or costs incurred by the Organizer arising from or in connection with my participation in the event, I shall indemnify or reimburse the Organizer;
- Professional medical advice and independent legal advice should be sought prior to the signing of this form and participation of the event.
- The Organizer and any sponsors has the right to photograph me during the event and have my name, voice, likeness and appearance made into photographs,

隊員 3
Team Member (3)

中文姓名 Name (Chinese)	
英文姓名 Name (English)	
出生日期 (日/月/年) DOB(D/M/Y)	性別 Gender
身份證號碼 ID Card No.	___ - ___ - XXX(X)
手提電話 Mobile	
電郵 E-mail	

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_____	_____

家長 / 監護人姓名 # Name of Parent / Guardian #	家長 / 監護人電話 # Parent / Guardian's Contact No.#
_____	_____

* 企業組必須得到企業授權代表簽署同意及企業印鑑方可參賽
* Corporate endorsement and signature with corporate chop are required for corporate team

企業印鑑*
Corporate Chop *

- sound, video or multi-media relation to the event and to use in perpetuity throughout the world, in all media now known or hereafter devised for organizing events, advertising and promotion.
5. The promise of Organizer to protect privacy of participant: The Organizer promise not to sell, share or swap the personal information of participant with any other company/organization. The information provided will be treated as strictly confidential, used only by the Organizer and selected service providers for the purposes of participation of "HSBC Water Race", receipt issuing and communications about the event.

本人 / 我們同意及確認「滙豐水足印定向2014」, 參加者聲明, 並同意將本人及我們的個人資料轉交至主辦機構; 及主辦機構會使用本人及我們的個人資料作參加者聲明中所提及之用途。

I duly agree to and confirm the above Participants' Declaration, with regard to my personal information being passed to the Organizer and my personal information being used by the Organizer for the purposes stated in the above Participants' Declaration.

- 本人 / 我們同意 I / We agree
- 為了與您保持聯繫, 我們可能會使用您的個人資料, 於日後向您提供有關「滙豐水足印」的資訊, 如下屆賽事的參賽邀請等。如您願意收到上述通訊, 請在下面方格內填上 "✓"。您亦可以隨時郵寄或電郵至 waterracehk@wse.hk, 通知我們停止接收有關資訊。
- We will use the personal data collected from you for future communications related to "HSBC Water Race", e.g. for invitation for next year's event. If you agree to be contacted for this purpose, please put a "✓" in the box below. You may choose to stop receiving such information at any time by notifying us via post or email to waterracehk@wse.hk.
- 本人 / 我們同意 I / We agree

隊員 4
Team Member (4)

中文姓名 Name (Chinese)	
英文姓名 Name (English)	
出生日期 (日/月/年) DOB(D/M/Y)	性別 Gender
身份證號碼 ID Card No.	___ - ___ - XXX(X)
手提電話 Mobile	
電郵 E-mail	

就讀學校 / 團體名稱 Name of School / Organization (如適用 if appropriate)

緊急聯絡人姓名 Emergency Contact Person	緊急聯絡人電話 Emergency Contact No.
_____	_____

家長 / 監護人姓名 # Name of Parent / Guardian #	家長 / 監護人電話 # Parent / Guardian's Contact No.#
_____	_____

獲企業授權代表姓名及簽署*
Authorized signature (Name in BLOCK LETTERS) *

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請於簽署前細閱參加者聲明 Please read Participants' Declaration carefully before signature)

隊長1簽名 Team Leader (1) Signature	家長 / 監護人簽署 # Parent / Guardian's Signature
_____	_____
隊員2簽名 Team Member (2) Signature	家長 / 監護人簽署 # Parent / Guardian's Signature
_____	_____
隊員3簽名 Team Member (3) Signature	家長 / 監護人簽署 # Parent / Guardian's Signature
_____	_____
隊員4簽名 Team Member (4) Signature	家長 / 監護人簽署 # Parent / Guardian's Signature
_____	_____
日期 Date	