

自承責任書
懲教署

參加 04.12.2016 (星期日)在喜靈洲舉行之

喜靈洲長跑

釣魚大賽

喜靈環島遊

請於適當方格內劃上剔號✓

第一部分 -- 聲明

茲聲明本人身體健康，可參加上述活動的練習訓練及賽事。本人明白參加是項體育活動，純為本人自願，一切風險責任由本人自行承擔。上述體育活動進行期間發生於本人身上的一切，由本人承擔後果。本人完全知悉香港特別行政區政府及香港懲教署不會接受任何就本人於上述體育活動期間所受的任何損傷、創傷或死亡而對其提出的責任追究。本人現免除香港特別行政區政府、香港懲教署署長及其職員因本人在活動中所受損傷、創傷或死亡而遭本人、本人的遺產代理人或受養人索償。

姓名(中文姓名)： _____ 先生/小姐/女士*

職級及編號： _____

(如非本署職員，請填寫有關職員之姓名,職級及編號)

所屬院所： _____

聯絡電話： _____

* 刪去不適用者

第二部分 - 活動進行期間遇有意外即通知下述人士

姓名(正楷)： _____

地址： _____

聯絡電話： _____

參加者簽署： _____

日期： _____

DisclaimerCorrectional Services Department**Participation in the following activity**

- Hei Ling Run**
 Angling
 Hiking

on Hei Ling Chau on 04.12.2016 (Sunday)

Please check ✓ in the appropriate box

Part I - Declaration

I, the undersigned, declare that I am fit to participate in the above-mentioned activity for training and fixture purposes. I understand that I am taking part in the said sports activity on a voluntary basis. My participation in the said activity is at my own risk and I shall bear any consequence that may arise in the course of the said sport activity. I am fully aware that The Government of the Hong Kong Special Administrative Region or the Correctional Services Department, Hong Kong will accept no responsibility or liability for any hurt, injury, or death caused to me during the course of the said sport activity. I do hereby release and discharge The Government of the Hong Kong Special Administrative Region and the Commissioner of Correctional Services of Hong Kong and his staff from any claims that I, my representatives or my dependants, may have for any hurt, injury, or death so caused to me.

Name of Participant (in Block Letters and : * Mr/Miss/Mrs _____

Chinese Characters, if any) : 中文姓名 ()

Rank and Service No. :

(Fill in relevant staff's Name, Rank & No.

if you are not a CSD staff) _____

Institution : _____

Contact Telephone No. : _____

* Delete as appropriate

Part II – Persons to be Notified in Case of Emergency at the Time of the Event

Name (in Block Letters and : *Mr/Miss/Mrs _____

Chinese Characters, if any) : 中文姓名 ()

Contact Tel. No. & Address : _____

Signature of the participant : _____

Date : _____