



昂步棧道 2019 家長 / 監護人同意書

若參加者於活動當日 2019 年 1 月 20 日(日)仍未年滿 18 歲，必須得到家長或監護人同意及簽署才可參加是次活動。請填妥以下家長或監護人同意書並於 2018 年 12 月 2 日(日)或之前上載至選手登入內的上載區。

致：香港青年旅舍協會

本人_____ (家長/監護人姓名)同意_____ (參加者姓名)_____

(香港身份證 / 護照號碼)參加 2019 年 1 月 20 日舉辦的昂步棧道 2019，並聲明他/她身體並無任何疾病令其不宜參加此項活動。香港青年旅舍協會將不會負責任何因參加者的疏忽、健康或體能欠佳，而引致參加者於參加這項活動時的傷亡責任。

本人亦清楚知道及明白活動當日未滿 13 歲之參加者必須由家長陪同參加，本人將會 / 不會* 陪同他/她參加，參加者編號為_____ (如適用)。本人亦已知悉及清楚明白主辦單位所購買的參加者意外醫療保險及平安保險不包括 3 歲以下的參加者，已閱讀並同意本同意書之所有內容。

*請將不適用者刪去

家長 / 監護人簽署：_____

與參加者之關係：_____

聯絡電話：_____

日期：_____

主辦機構 Organiser



協辦機構 Co-organisers



Tel: 2788 1638 Fax: 2788 3105 九龍深水埗巴域街70號石硤尾邨41座
Official Website: npcw.yha.org.hk Block 41, 70 Berwick Street, Shek Kip Mei Estate, Sham Shui Po, Kowloon
Hong Kong Youth Hostels Association is a registered non-profit making organisation (IRD Ref: 91/1005)

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Ngong Ping Charity Walk 2019

Parent/Guardian Declaration

Participant aged under 18 before the event day 20 January 2019 (Sunday) is required to present this form on or before 2 December 2018 (Sunday). The completed and signed declaration shall be submitted by uploading to the "Upload Column" in the Participant's Login.

To: **Hong Kong Youth Hostels Association**

I _____ (parent/guardian's name) agree to allow _____ (participant's name) _____ (HKID Card/Passport no.) to participant in Ngong Ping Charity Walk 2019 on 20 Jan, 2019 and declare that he/she does not suffer from any illness renders him/her unfit for the activity. Hong Kong Youth Hostels Association will not be liable for any injury or death, which the applicant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

I understand child aged under 13 must be accompanied by parent/guardian. I will /will not * accompany him/her and the participant's number is _____ (if applicable). I understand that the public liability insurance of Ngong Ping Charity Walk 2019 does not cover children aged two or below and I have read and accepted the agreement above.

*Please cross out as inappropriate

Parent/Guardian's signature: _____

Relationship with the participant: _____

Date: _____

Contact number: _____

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