

## Watt-A-Thon 2019 隊伍報名表 Team Registration Form

**機構 Organisation:** \_\_\_\_\_ **隊名 Team Name:** \_\_\_\_\_

(如隊員數目多於 10 名，請自行複印填寫。Please duplicate this form if your team size exceeds 10.)

	隊員 Team Members	中文姓名 Chinese Name	英文姓名 English Name	性別 Gender	年齡 Age	出生日期 D.O.B (DD/MM/YY)	手提電話 Mobile No.	電郵 Email	地址 Postal Address
1	<input type="checkbox"/> (Leader 隊長)								
2	<input type="checkbox"/>								
3	<input type="checkbox"/>								
4	<input type="checkbox"/>								
5	<input type="checkbox"/>								
6	<input type="checkbox"/>								
7	<input type="checkbox"/>								
8	<input type="checkbox"/>								
9	<input type="checkbox"/>								
10	<input type="checkbox"/>								

<sup>1</sup>凡於 2019 年 10 月 5 日未年滿 18 歲之參加者，報名時須遞交已簽署的「家長或監護人同意書」。

Any team member under 18 on 5 October 2019 is required to submit a signed copy of the Parent or Guardian Consent Form upon registration.

<sup>2</sup>詳情請瀏覽 [www.wattathon.org](http://www.wattathon.org) 或致電 3568 2244 查詢。

Please visit the event website at [www.wattathon.org](http://www.wattathon.org) for more details or call 3568 2244 for enquiries.



Watt-A-Thon



## 聲明 Declaration

謹此聲明本人參加 Watt-A-Thon 2019 及一切有關活動 ("該活動")，本人願意遵守由低碳想創坊有限公司("大會") 所訂的條文及規則，並同意以下所列之各點：

As a condition of my being permitted to participate in the "Watt-A-Thon 2019" and any ancillary event or function ("Event"), I confirm to the CarbonCare InnoLab Limited ("Organiser") as follows:

1. 本人是自願參加該活動和願意承擔自身的意外風險及責任，並無權向大會及其它有關機構對本人在訓練中、往返活動場地途中、活動中發生或其引致之自身意外、死亡或任何形式的損失索償或追討責任。  
I understand that by participating in the Event there are risks of injury, death and / or loss. I am entering the Event entirely at my own risk and responsibility. I hereby discharge the Organiser and any other individual or organisation connected directly or indirectly with the Event from any responsibility in the event of my injury, death or loss of property sustained or incurred during my training for the Event, during the Event, or as a consequence of or while traveling to or from the Event.
2. 本人聲明本人身體健康及有能力參加該活動，並經由執業醫生確認本人之體適能合乎參加該活動。  
I am physically fit and capable of participating in the Event, and I have been advised by a qualified medical practitioner that I can so participate.
3. 本人願意授權予大會使用本人的 (因該活動本人向大會提供或大會從本人收集的) 個人資料、肖像、姓名、聲音、體能資料 ("該等資料") 以作大會活動籌辦、推廣或宣傳之用。本人同意 (i) 大會將擁有包含該等資料的刊物 (如相片、錄像、印刷品等 ("該等刊物")) 所涉及之一切權利 (包括但不限於版權)；及 (ii) 如需要，大會可展示、複製、編訂、刊登或以其他方式使用該等資料或該等刊物；大會無須再取得本人的批准而行，而本人亦放棄任何審核該等刊物的權利。  
I grant permission to the Organiser to utilize my personal information, appearance, name, voice, bio-data likeness submitted by me or collected by the Organiser in connection with the Event ("such information") for the organisation, promotion or publicity of the Event. I agree that (i) the Organiser shall own all rights (including without limitation, copyrights) in and arising from materials (e.g. photos, video, printed materials etc.) ("such materials") that contains such information; and (ii) the Organiser may exhibit, copy, edit, publish or use in other ways such information or such materials where necessary, and no further approval needs to be obtained from me and I also waive any right of inspection associated with such materials.
4. 本人簽署此報名表格以示同意及確認所有列明之重要事宜、聲明以及有關細則。  
By signing this Registration Form, I agree to and confirm to accept all of the terms, conditions in the important notes, declarations and conditions and any subsequent amendments thereto which I will be notified with.
5. 如比賽因任何非大會所能控制的情況下而被迫取消，大會不會退還任何費用。Should the Event be cancelled due to circumstances beyond the control of the Organiser, no refund will be made.
6. 本人明白及同意主辦機構保留更改以上資料的權利，無須事前通知。  
I understand and agree that the Organiser reserves the right to make necessary changes to any of the above information without giving prior notice.

### 個人資料 (私隱) 條例 Personal Data (Privacy) Ordinance

你所提供的資料只限用於本活動之報名及主辦機構通訊事宜。在遞交報名表後，如欲更改或查詢已申報的個人資料，請電郵至 event@ccinnolab.org。

The information provided by the applicant(s) will be used for enrolment and correspondence related to the Event. For correction of or access to the personal data or any enquiries in connection with personal data after submission of the Registration Form, please email to event@ccinnolab.org.

緊急聯絡人 Emergency Contact Person	電話 Tel	關係 Relation
--------------------------------	--------	-------------

簽名 Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_