

## 參賽安全責任聲明

### SAFETY DECLARATION FORM

本人/我隊參賽人員共\_\_\_\_\_人自願參加第五屆粵港澳大灣區武狀元大賽暨第一屆亞太中華武術文化節，所有參賽者的身體狀況經醫院檢查完全符合參加這次大會比賽的健康條件，比賽保險由本人/我們自己負責辦理。在這次大會比賽中如發生任何傷亡事故均為本人/我們負責，參賽者及其家屬或有關人員均不得對賽事主辦單位及協辦單位提出法律訴訟，也不能以此為由提出索賠要求。我們同意，主辦單位有權無償使用參賽者參加大會的肖像。特此聲明。

I/Our team hereby declare that we have a total of \_\_\_\_\_ participants voluntarily participating in the The 5th Greater Bay Area Martial Arts Scholar Championship & The 1st Asia Pacific Chinese Wushu Cultural Festival. All participants meet the health requirements for this competition. We accept full responsibility for obtaining our own competition insurance. In the event of any injuries or accidents occurring during the competition, I/We accept full responsibility, and participants, along with their families or related parties, cannot hold the event organizers or co-organizers liable or make any compensation claims based on such incidents. We agree that the organizing committee has the right to use participants' images from the event.

Hereby declare.

本人/代表隊：\_\_\_\_\_

I/Our team

本人/代表隊負責人簽名：\_\_\_\_\_

I/Our team leader's signature

簽署日期：\_\_\_\_\_

Signed date

代表隊蓋章 CHOP

(注：如有18周歲以下未成年參賽者，須有監護人簽名。)

Note: If there are underage contestants under the age of 18, a guardian's signature is required.)

代表隊參賽安全責任聲明人員名單 (均須親筆簽字方能生效)：

Attachment: List of members of the team's safety responsibility statement (all must be signed in person to take effect)

	參賽者姓名 Name of participant	監護人姓名 Guardian's name	簽名 Signature		參賽者姓名 Name of participant	監護人姓名 Guardian's name	簽名 Signature
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			



查詢請聯絡 For enquiry, please contact :  
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內地、澳門及海外參賽者 Mainland China, Macau and Overseas Participants

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