

Coastal Clean-up Day 2018

- Date: 15-9-2018 (Saturday) (International Coastal Cleanup Day)
- Time: 11:00 am - 3:00 pm
- Location: Sharp Island, Sai Kung
- Meeting time & place: 11:00 am, Sai Kung Pier
- Activities: Beach and underwater cleanups (Underwater cleanup is a diving activity)
- Fee: Free
- Tel. and fax nos.: 25048154 (Tel) ; 25775601 (Fax)
- Website: <http://www.hkua.org.hk/>
- Email address: enquiry@hkua.org.hk
- Registration: Please download the forms at the website. Duly completed forms should be faxed or sent via Email to HKUA by 31 August. Seats are limited. Please register in advance.
- Notes:
- Participants for diving should be a current certified divers. Divers please bring along your own diving gears and underwater waste bag. Organizer will provide tanks, weights and weight belts.
 - This activity is in voluntary basis. Activity-associated risk will be assumed by the participants.
 - The activity will be cancelled if Hong Kong Observatory issues Red Rainstorm Signal or above or Tropical Cyclone Signals No.3 or above 2 hours before (i.e. 09:00 - 11:00 am) the activity starts.

Organizer: Hong Kong Underwater Association
Agriculture, Fisheries and Conservation Department

Programme

Time	Activity	Time	Activity
11:00–11:15	Participants checking in at Pier		
11:15–12:00	Sailing to Sharp Island		
12:00–12:10	Welcome Speech by Mr. Alex Wong, Chairman of HKUA		
12:10–12:15	Group Photos taking		
12:15–12:45	Divers preparing for diving	12:15-12:35	Going ashore
12:45–13:45	Underwater cleanup	12:35-13:35	Beach cleanup
13:45-13:55	Return on board	13:35-13:55	Return on board
13:55–14:30	Resting, bathing and packing on board		
14:30–14:45	Sailing back to Sai Kung Pier		
15:00	Dismiss		

Coastal Clean-up Day 2018 (15 - 9 - 2018)

Registration Form

Organization: _____

Address: _____

Contact Person: _____ Post: _____

E-mail Address: _____ Tel. Number: _____

***Emergency Contact Person & Tel number:** _____

Please fill in the information of participants

Name	Contact Number	E-mail	Participating activity (Check one)
			<input type="radio"/> Beach Cleanup (non-diving)/ <input type="radio"/> Underwater Cleanup (diving)
			<input type="radio"/> Beach Cleanup (non-diving)/ <input type="radio"/> Underwater Cleanup (diving)
			<input type="radio"/> Beach Cleanup (non-diving)/ <input type="radio"/> Underwater Cleanup (diving)
			<input type="radio"/> Beach Cleanup (non-diving)/ <input type="radio"/> Underwater Cleanup (diving)
			<input type="radio"/> Beach Cleanup (non-diving)/ <input type="radio"/> Underwater Cleanup (diving)

Notes:

- This activity is in voluntary basis. Activity-associated risk will be assumed by the participants.
- Please fax or send Email with the duly completed registration form, medical statement and liability release and assumption of risk statement to HKUA at 25775601 and enquiry@hkua.org.hk by 31 August.
- Seats are limited. Please register in advance.
- Please present proof of diving qualification before diving. Organizer reserves the right to not allow the participants to dive if the proof has not yet been verified.



Medical Statement for participants in the activities of the Hong Kong Underwater Association

表格
Form : A-003

The HKUA advises that anyone who had participated or would like to participate in any kinds of Diving training, Diving activities, or Underwater activities should acknowledge his/her physical fitness for attending the said activities. This statement must be read thoroughly prior to signing it. The Medical Statement has to be completed together with the medical questionnaire section. If any of these items applies to you, you have to consult with a suitable physician prior to participating in scuba diving.

Please answer the following questions by putting "X" in the right boxes, "Y" for "yes" and "N" for "no":

Y N

- You are pregnant, or you are attempting to become pregnant.
- You are presently taking prescription medications.
- You are over 45 years of age

Y N

- You are a smoker (pipe, cigars or cigarettes)
- You have a high cholesterol level
- You have a family history of heart attack or stroke

Have you ever had or do you currently have...

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Heart disease / Heart attack (or need to take medication to prevent) ? | <input type="checkbox"/> <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| <input type="checkbox"/> <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> <input type="checkbox"/> Sinus surgery? |
| <input type="checkbox"/> <input type="checkbox"/> Diabetes? | <input type="checkbox"/> <input type="checkbox"/> A colostomy or ileostomy? |
| <input type="checkbox"/> <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> <input type="checkbox"/> Ulcers or ulcer surgery? |
| <input type="checkbox"/> <input type="checkbox"/> High blood pressure or take medicine to control blood pressure? | <input type="checkbox"/> <input type="checkbox"/> Chest surgery? |
| <input type="checkbox"/> <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> <input type="checkbox"/> Back surgery? |
| <input type="checkbox"/> <input type="checkbox"/> Back or spinal surgery? | <input type="checkbox"/> <input type="checkbox"/> Other surgeries? _____ |
| <input type="checkbox"/> <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> <input type="checkbox"/> Problems following surgery, injury or fracture? |
| <input type="checkbox"/> <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? | <input type="checkbox"/> <input type="checkbox"/> Behavioral health problems? |
| <input type="checkbox"/> <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | <input type="checkbox"/> <input type="checkbox"/> Fear of closed or open spaces? |
| <input type="checkbox"/> <input type="checkbox"/> Frequent colds or sinusitis | <input type="checkbox"/> <input type="checkbox"/> Bleeding or other blood disorders? |
| <input type="checkbox"/> <input type="checkbox"/> Bronchitis or any form of lung disease? | <input type="checkbox"/> <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them? |
| <input type="checkbox"/> <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy? | <input type="checkbox"/> <input type="checkbox"/> Any dive accidents or decompression sickness? |
| <input type="checkbox"/> <input type="checkbox"/> Hernia? | <input type="checkbox"/> <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1 km within 8 mins.)? |

I, _____, hereby affirm that the information I have provided about my medical history is accurate to the best of my knowledge. I am aware that diving activities have inherent risks which result in serious injury or death. I understand and agree that neither the HKUA nor the organizer of the activity may be held liable or responsible in any way for any injury, death or other damage to me. I hereby personally assume all risks of this activity and that I will not hold the HKUA or the organizer responsible for the same.

I further state that I am of lawful age and legally competent to sign this medical statement, or that I have acquired the written consent of my parent or guardian.

Signature of Participant : _____

Date : _____

I am the Parent/Guardian of _____, and I have read the above statement. I hereby affirm that the information provided above is truth. And I agree the said participant to attend this activity. I hereby affirm that the participant or Parent/Guardian of the participant assumes all risks of this activity and that I will not hold the HKUA or the organizer responsible for the same.

Name of Parent/Guardian : _____

Signature of Parent/Guardian : _____

Date : _____

(Rev., 05/2009)



Liability Release and Assumption of Risk Statement for Coastal Clean-up Day 2018

表格
Form : A-006

Please read carefully and fill in all the blanks before signing.

I, _____(Participant Name) , hereby affirm that I am aware that scuba diving have inherent risks which may result in serious injury or death.

I understand and agree that neither _____(Name of Associated Organization / Dive Shop) , nor Hong Kong Underwater Association, nor any of its respective employees, officers, agents, contractors or assigns (hereinafter referred to as “Released Parties”) may be held liable or responsible in any way for any injury, death or other damage to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving event or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further release, exempt and hold harmless said event and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this event including both claims arising during the event or after the event.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital and that I have signed this Statement on my own free act and with the knowledge that I hereby agree to waive my legal rights.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

I have fully informed myself and my heirs of the contents of this liability release and assumption of risk statement by reading it before I signed it on behalf of myself and my heirs.

Signature of Participant : _____

Date : _____

Name of Parent/Guardian : _____

Signature of Parent/Guardian : _____

Date : _____

(Ver. 1, 08/2009)

上述所有資料祇作本會內部記錄用途。 Above information is collected for internal use only.	
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