

Coastal Clean-up Day 2019

Date: 21-9-2019 (Saturday) (International Coastal Cleanup Day)
 Time: 9:00 am -13:00 pm
 Location: Sharp Island East, Sai Kung
 Meeting time / place: 9:00 am / Sai Kung Pier
 Activities: Beach and underwater cleanups (Underwater cleanup is a diving activity)
 Fee: Free
 Tel. and fax nos.: 2150 6834 (Tel) ; 2377 4427 (Fax) (漁護署 AFCD)
 2504 8154 (Tel) ; 2577 5601 (Fax) (潛總 HKUA)
 Website: <http://www.hkua.org.hk>
 Email address: mar_con_east@afcd.gov.hk / enquiry@hkua.org.hk
 Registration: Please download the form from the above website and send the completed form to AFCD or HKUA via Fax or Email by 30 August. Seats are limited. Please register in advance.

Notes:

- Participants for diving should be a current certified divers with at least 20 dive logs. Divers please bring along your own diving gears. 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 the activity (i.e. 7:00 am – 9:00 am).

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

Programme

Time	Activity	Time	Activity
09:00–09:15	Participants checking in at Pier		
09:15–09:45	Sailing to Sharp Island		
09:45–09:55	Welcome Speech by Mr. Alex Wong, Chairman of HKUA		
09:55–10:00	Group Photos		
10:00–10:15	Divers preparing for diving	10:00–10:15	Going ashore
10:15–11:15	Underwater cleanup	10:15–11:10	Beach cleanup
11:15–11:25	Return on board	11:10–11:25	Return on board
11:25–12:30	Resting, bathing and packing on board		
12:30–13:00	Debriefing and sailing back to Sai Kung Pier		
13:00	Dismiss		

Coastal Clean-up Day 2019 (21 - 9 - 2019)

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 AFCD at 2377 4427 and email mar_con_east@afcd.gov.hk or HKUA at 25775601 and enquiry@hkua.org.hk by 30 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...

- Heart disease / Heart attack (or need to take medication to prevent) ?
 Asthma, or wheezing with breathing, or wheezing with exercise?
 Diabetes?
 Epilepsy, seizures, convulsions or take medications to prevent them?
 High blood pressure or take medicine to control blood pressure?
 Pneumothorax (collapsed lung)?
 Back or spinal surgery?
 Blackouts or fainting (full/partial loss of consciousness)?
 Ear disease or surgery, hearing loss or problems with balance?
 Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
 Frequent colds or sinusitis
 Bronchitis or any form of lung disease?
 Frequent or severe attacks of hayfever or allergy?
 Hernia?

- Angina, heart surgery or blood vessel surgery?
 Sinus surgery?
 A colostomy or ileostomy?
 Ulcers or ulcer surgery?
 Chest surgery?
 Back surgery?
 Other surgeries? _____
 Problems following surgery, injury or fracture?
 Behavioral health problems?
 Fear of closed or open spaces?
 Bleeding or other blood disorders?
 Recurring complicated migraine headaches or take medications to prevent them?
 Any dive accidents or decompression sickness?
 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)

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



Liability Release and Assumption of Risk Statement for Coastal Clean-up Day 2019

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)

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香港銅鑼灣掃桿埔大球場徑一號奧運大樓 1012 室 電話: 25048154 傳真機號碼: 25775601 網頁: http://www.hkua.org.hk	Room 1012, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, HONG KONG Tel: 25048154 Fax: 25775601 Home Page: http://www.hkua.org.hk