

蔡司護眼慈善跑 2020 ZEISS Vision Charity Run 2020

選手更換表格 Changing Participant Form

填妥此表格後，請於2020年7月31日17:00或之前將表格電郵至zeissvisioncharityrun@sportsoho.com。
Complete and submit this form to zeissvisioncharityrun@sportsoho.com by email on or before 31st July 2020.

原有參加者資料 Original Participant Information	
參賽號碼 Bib number	
英文全名 English full name	
是否已領取號碼布? Have you collect your race pack?	<input type="checkbox"/> 是Yes <input type="checkbox"/> 否No

新參加者資料 New Participant Information	
中文姓名 Chinese Name	
英文姓名 English Name	
性別 Gender	<input type="checkbox"/> 男Male <input type="checkbox"/> 女Female
出生年份 Year of Birth	
地址 Address	
手提電話 Contact No.	
電郵地址 Email Address	
緊急聯絡人 Emergency Contact Person	
緊急聯絡電話 Emergency Contact Number	

參加者聲明:

謹證明本人自願參加比賽，並願意自行承擔所有責任。本人亦謹遵守比賽規則及決定。本人一旦因在往返比賽場地或比賽中，受到任何財物損失、受傷或致死亡，主辦機構、贊助商及其他有關合辦機構均毋須負上任何責任。本人願意授權予大會及傳媒，在毋須經本人審查的情況下，可使用本人的肖像、姓名、聲線及個人資料，作為活動推廣之用。

I certify that I am entering this event voluntarily. I herewith expressly agree to bear all the responsibilities and abide by all the rules and decisions of the organiser. I understand that the organiser, sponsors, or co-organizers will have no liability for any loss of property, injury or death incurred during, or while traveling to or from the race. I grant the organiser full and complete permission to utilise my appearance, name, voice and biographical material in connection with the event in any and all manner and media throughout the world in perpetuity, and for any and all publicity and promotional purposes. I/We agree to waive any right of inspection or approval associated thereto.

簽名 Signature: _____

日期 Date: _____