

Organized By:



中國香港游泳總會  
Hong Kong China  
Swimming Association

Subvented By:



康樂及文化事務署  
Leisure and Cultural  
Services Department

Entry Deadline:  
截止報名日期:  
**21/12/2022**

**2022/23 Hong Kong Open Water Swimming Competition Series (Part 2)**  
**2022/23 年香港公開水域游泳系列賽 (第二部)**

**5 km Entry Form / 5 公里賽事報名表**

Club Name (屬會名稱): \_\_\_\_\_ Club Code (屬會代碼): \_\_\_\_\_

Name of Club's Contact Person (屬會聯絡人姓名): \_\_\_\_\_ Contact Tel. (聯絡電話): \_\_\_\_\_

Name of Swimmer  
泳員姓名: \_\_\_\_\_ (\_\_\_\_\_) Contact Tel. (聯絡電話): \_\_\_\_\_

Registration No. 泳員註冊號碼: \_\_\_\_\_ Gender 性別: \_\_\_\_\_

**\*\*All results should be submitted with supporting document \*\* 請連同有關之成績證明一併遞交**

**Must** - Provide qualified records obtained from any 800m or 1500m swimming competitions organized or sanctioned by HKGSA in swimming pool:

**必須填寫** - 曾參加泳總舉辦或獲其承認之 800 米或 1500 米泳池賽事:

Distance 距離	Time 時間	Name of Event 比賽名稱	Date of Event 比賽日期	Point Score 得分

(If Any) - Provide qualified records of Open Water Swimming Competitions organized or sanctioned by HKGSA:

**(如適用)** - 曾參加泳總舉辦或獲其承認之公開水域比賽:

Distance 距離	Time 時間	Name of Event 比賽名稱	Date of Event 比賽日期	Position 名次

We hereby confirmed that the above swimmer: (please "✓" below the criteria)

本會確認上述泳員: (請 "✓" 以下之條件)

- Participated in open water swimming competition or open water swimming training before and  
曾參與海賽或海賽訓練 及
- Able to swim over the required distance of the proposed event /  
能游超過報名參與項目的距離

**Authorized Signature &  
Club Chop:**

負責人簽署及屬會蓋印:

\_\_\_\_\_

**Name of Signatory** 簽署人姓名:

\_\_\_\_\_

**Date** 日期:

\_\_\_\_\_

<Photocopy when necessary 有需要可自行影印>

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**本會職員用 HKGSA Office Use Only**

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

主辦機構：



中國香港游泳總會  
Hong Kong China  
Swimming Association

資助機構：



康樂及文化事務署  
Leisure and Cultural  
Services Department

致：中國香港游泳總會

### 責任聲明書

本人謹此聲明及明白：

- 一) 本人已簽署參與 2022/23 年香港公開水域游泳系列賽 (第二部) (下稱“比賽”) 個人項目參賽表格(下稱“表格”);
- 二) 本人的健康狀況、身體狀況及體能均適合參加是次的比賽;
- 三) 香港業餘游泳總會在不損害其權益下，完全及只根據本人在此聲明中的承諾及表格中的聲明而接受本人參與此比賽之申請。

所以，本人向中國香港游泳總會承諾：

- 一) 本人的健康狀況、身體狀況及體能均適合參加是次的比賽;
- 二) 本人在完全清楚及明瞭本比賽在體能上的要求下，願意承擔全部責任及風險去參與此比賽;
- 三) 本人將不會向中國香港游泳總會及/或其他直接或間接與比賽有關的負責人及/或僱員及/或代理及/或其他組織及/或政府及其部門追討因本人參與上述比賽而發生或引致之自身意外、死亡或任何形式的損失、索償或責任。
- 四) 本人將不會向中國香港游泳總會及/或其他直接或間接與比賽有關的負責人及/或僱員及/或代理及/或其他組織及/或政府及其部門追討任何責任或賠償。

參加者姓名： \_\_\_\_\_

參加者簽署： \_\_\_\_\_ 簽署者姓名： \_\_\_\_\_

(如參加者年齡 18 歲或以下須由家長簽署)

日期： \_\_\_\_\_

Organized By



中國香港游泳總會  
Hong Kong China  
Swimming Association

Subvented By:



TO: Hong Kong China Swimming Association

### **Declaration of Responsibility**

I hereby acknowledge that:

1. I have signed an Application Form for Individual Event (the "**Application Form**") to participate in the 2022/23 Hong Kong Open Water Swimming Competition Series (Part 2) (the "**Event**");
2. My health status, physical ability and fitness are capable to participate in the Event; and
3. HONG KONG CHINA SWIMMING ASSOCIATION, without prejudice to any of its rights, accepts my application to participate in the Event wholly and solely based on my provision of undertakings in this letter in addition to declaration in the Application Form.

AND I hereby undertake to HONG KONG CHINA SWIMMING ASSOCIATION that:

1. My health status, physical ability and fitness are capable to participate in the Event;
2. I will participate in the Event at my own risk and responsibility and I am well aware of the requirement of physical capability to participate in the Event;
3. I hereby irrevocably discharge and hold harmless HONG KONG CHINA SWIMMING ASSOCIATION and/or its officers and/or employees and/or agents and/or other organization and/or governmental department directly or indirectly related to the Event against any liability or damages for any claim or action arising directly or indirectly from the personal injury or death of myself or any other person as a result of my participation in the Event (the "**Liabilities**"); and
4. I hereby irrevocably indemnify HONG KONG CHINA SWIMMING ASSOCIATION and/or its officers and/or employees and/or agents and/or other organization and/or governmental department directly or indirectly related to the Event against any or all of the Liabilities.

Swimmer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Name of Signatory: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed by Parents if swimmer is under 18 years of age)