# K Cash呈獻:清水灣鄉村俱樂部心晴慈善跑及步行籌款2025

K Cash Presents: The Clearwater Bay Golf and Country Club Joyful Charity Run and Walk 2025

		組別 Category	出生年份 Year of Birth	最低籌款額 Minimum Donation	請在參加組 Please select a c	剧加 "√" ategory with √
5公里跑步 5km Run	個人男子組 Men Individual 個人女子組 Women Individual	青年組 Junior	1986 – 2009		男	女
		壯年組 Senior	1976 – 1985	HK \$300	男	女
		先進組 Master	1975或之前 or before		男	女
	團體組 Group	16歲或以上,3-5人為一組 Aged 16+, 3-5 runners in a team	2009或之前 or before	HK \$1,500		
	工商組 Company	16歲或以上 <sup>,</sup> 3−5人為 <b>一</b> 組 Aged 16+, 3−5 runners in a team	2009或之前 or before	HK \$10,000		
3.5公里步行 3.5km Walk	不設組別 No Category		2013或之前 or before	HK\$300		
		不限年齡 Any age	2014–2021	HK\$100		
			2022或之後 or after	免費 Free		

### 描註:

- 1. 所有組別以出生年份計算 (年齢組別以2025減去出生年份)。 All categories are counted based on the year of birth (2025 minus the year of birth)
- 2. 5公里跑步之團體組及工商組成績以首3位完成賽事參加者時間計算。For the Group and Company categories in 5km Run, only the results of first three team members will be totaled.
- 3. 建議所有參加者先諮詢專業教練之意見,是否合適參與5公里比賽。Participants are advised to consult their trainers for suitability to engage in 5km Run.
- 4. 建議10歲以下参加者以輕鬆参加為主,量力而為。Young participants are advised to participate for fun and causal walk only and not for competitive results.

## 參加者資料Participant's Information (\*必須填寫 Compulsory fields)

參加者資料(個人項目只需填參加者1) Participants / Information (Individual fills Participant1)	參加者 1 (隊長) 聯絡代表 Participant 1 (Captain) Contact Representative	參加者 2 Participant 2	參加者 3 Participant 3	參加者 4 Participant 4	參加者 5 Participant 5		
*隊名: *Team Name:				(Applied for Group registration, Only Engli	(僅供團體組別填寫,只接受中英文隊名) sh and Chinese team names are accepted)		
*姓名: *Name: (身份證或護照上姓名	(中文Chinese)	(中文Chinese)	(中文Chinese)	(中文Chinese)	(中文Chinese)		
(夕)D 应以暖炽工灶台 Printed on HKID/Passport)	(英文English)	(英文English)	(英文English)	(英文English)	(英文English)		
*身份證或護照號碼 (首4個數字) *HKID/passport (First 4 digits)	(如e.g.A123456(3),請填Fill 1234)	(如e.g.A123456(3),請填Fill 1234)	(如e.g. A123456(3),請填FiII 1234)	(如e.g.A123456(3),請項Fill 1234)	(如e.g. A123456(3),請填Fill 1234)		
*性別: *Gender:	□ 男/M □ 女/F	□ 男/M □ 女/F	□ 男/M □ 女/F	□ 男/M □ 女/F	□ 男/M □ 女/F		
*出生年份: *Year of Birth:							
*通訊地址: *Address:				(For group	(隊際賽只需填寫隊長之通訊地址) participants, please only fill in the Captain's adress.)		
*手提電話: *Mobile no.:				(For group pa	(隊際賽只需填寫隊長之手提電話) ticipants, please only fill in the Captain's mobile no.)		
*電郵: *Email address:	(所有活動通知將會傳送至隊長之電郵) (For group participants, please only fill in the Captain's email)						
*緊急聯絡人: *Emergency Contact Person:							
*緊急聯絡電話: *Emergency Contact No.:							
*運動上衣尺碼: *Memento T−Shirt Size:	□ XXS □ XS □ S □ M □ L □ XL	□ XXS □ XS □ S □ M □ L □ XL	□ XXS □ XS □ S □ M □ L □ XL	□ XXS       □ XS       □ S         □ M       □ L       □ XL	□ XXS       □ XS       □ S         □ M       □ L       □ XL		

# 參加者聲明及保證 Disclaimer & Indemnity

本人現參加《K Cash呈獻:清水灣鄉村俱樂部心睛慈善跑及步行籌款2025》,僅此聲明並保證本人會遵守主辦機構所定之 活動規則及任何活動更排,條於活動期間發生意外,包括死亡、受傷或財物損象。本人將自行承備一切責任。主辦機構、各 數即機構及支援機構無須對此作出陽底或員上任何法律責任(由因大會、餐賣助機構及支援機構、經 所外)。本人建證明身體狀況良好,並未提由執業監性機能支行。 此活動。若本人任活動期間報生事故而導致監計機構支行動於則長,本人與而數計非機構作出自理賠償。 地活動。若本人任活動期間報學主專故而導致監計機構支行動所則長,本人與而數計非機構作出自理賠償。 多數機構在毋須達本人審查而可永久地在任何地方使用本人的肖像、姓名、聲線及個人資料作為本常活動籌辦、傳媒及 推薦之用包括名門长,線像及多媒體數條等)。全體則以中之及英氣編。如有任何關釋上的歧異,概以至成本為準。)

I the undersigned am applying to enter "K Cash Presents: The Clearwater Bay Golf and Country Club I, the undersigned, an applying to enter it cash resents. The clear water bay doin and country club I shall comply with all relevant rules and regulations and other arrangements made by the organizer and shall take part in the Event entirely at my own risk. I agree not to hold the organizer, any sponsors and/or supporting organizations responsible for any accident of whatever kind, resulting in death or injury and/or for any damage, loss or destruction of personal properties during the course of the Event (other than personal injury or death resulting from the negligence of the organizer, any sponsors and supporting organizations). I confirm that I am physically fit and sufficiently trained, and have not been otherwise advised by a gualified medical practitioner. I also agree to indemnify or reimburse the organizer in respect of any additional costs or expenses incurred by the organizer arising from or in connection with my participation in the Event. I also irrevocably grant the organizer and any sponsors the right to photograph me during the Event and have my name, voice, likeness and appearance made into photographs, sound, video or multi-media recordings relating to the Event ("Recording") and to use the Recording in perpetuity throughout the world, in all media now known or hereafter devised for any purpose, whether in advertising or for purposes of trade or otherwise. I acknowledge and agree that no payment or other compensation shall be payable by the organizer and any sponsors in connection with the Recording or any use thereof. (This declaration is written in both English and Chinese. If there is any conflict or inconsistency between the Chinese version and the English version of this declaration, the English version shall prevail.)

## 備註 Remarks:

Parent's / quardian Name:

## 1.個人資料收集聲明 Personal data collection statement

心睛行動慈善基金盡力遵守(個人資料(私隱)條例》中所列載的規定,確保儲存的個人資料準確無誤,及有妥善的儲存方法。為保障閣下的利益、本會只收集有關資料作日後與閣下遏訊、籌款、活動、課程邀請、義工招募或收集意見的推廣用途。倘未得到閣下的同意之前,本會不可以使用閣下資料作推廣之用途。日後查問、取消或更新個人資料,請隨時致電3690-1000。

Joyful (Mental Health) Foundation (JMHF) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and secure. To safeguard interest of our data subjects, JMHF collects personal data from you for the purpose of providing you with information of JMHF, fundraising appeal, activities invitation, volunteer recruitment, survey research and other promotion activities. JMHF cannot use your personal data unless we have received your consent. You may contact us at 3690–1000 for enquiry, cessation or updating of your personal data.

本人 □ 同意 / □ 不同意心晴行動慈善基金使用我所提供的個人資料作上述推廣用途。

I ☐ ACCEPT / ☐ OBJECT to the proposed use of my personal data for the above-mentioned promotion purposes.

#### 2.參加者保證籌款 Undertaking to raise donation

本人謹此聲明並保證所有直接或間接從參與《K Cash星獻:清水灣鄉村俱樂部心晴慈善跑及步行籌款2025》所得捐款,將 悉數捐予「心晴行動診喜基金」,並保證不得別《K Cash星獻:清水灣鄉村俱樂部心晴慈善跑及步行籌款2025》作為其他 籌款用途。本人同意総名中語一經接鈴,所有費用與指款均不循道還。

I, the undersigned, undertake that all funds raised directly or indirectly from my participation in the "K Cash Presents: The Clearwater Bay Golf and Country Club Joyful Charity Run and Walk 2025" shall be paid in full to 'Joyful (Mental Health) Foundation'. I shall not seek to raise funds for any other purpose through my participation in the said event. I also agree that all fees and donations will not be refunded upon acceptance of this application.

\*未滿18歳之參賽者必須由家長或監護人簽署 \*Participant aged below 18 must have consent by parent or guardian 本人同意下述参加者参加《K Cash呈獻:清水淵鄉村俱樂部心晴慈善跑及步行籌款2025》,並承婚活動期間發生的意外, 包括死亡、受傷或財物損失之一切責任。

I agree the below applicant to participate in "K Cash Presents: The Clearwater Bay Golf and Country Club Joyful Charity Run and Walk 2025". I confirm not to hold the organizer, any sponsors and/or supporting organizations responsible for any accident of whatever kind, resulting from death or injury, and/or for any damage, loser destruction of personal properties.

參加者 1 姓名:	日期
Applicant 1 Name:	Date:
家長/監護人姓名:	家長/監護人簽署:
Parent's / guardian Name:	Parent's / guardian Name:
參加者 2 姓名:	日期
Applicant 1 Name:	Date:
家長/監護人姓名:	家長/監護人簽署:
Parent's / guardian Name:	Parent's / guardian Name:
参加者 3 姓名:	日期
Applicant 1 Name:	Date:
家長/監護人姓名:	家長/監護人簽署:
Parent's / guardian Name:	Parent's / guardian Name:
參加者 4 姓名:	日期
Applicant 1 Name:	Date:
家長/監護人姓名:	家長/監護人簽署:
Parent's / guardian Name:	Parent's / guardian Name:
參加者 5 姓名:	日期
Applicant 1 Name:	Date:
家長/監護人姓名:	家長/監護人簽署:

Parent's / guardian Name: