



# APAO 2018 Hong Kong Charity Run/Walk Entry & Donation Form

February 10, 2018 (Distance: 3 km)

Early Bird Deadline: January 31, 2018

\* Mandatory fields, others are optional  
PLEASE FILL IN THIS FORM IN BLOCK LETTERS.

Registration No.:  
Official Use Only

## PERSONAL INFORMATION

*Name of Applicant		*Name of Group (if applicable)		*Gender	M / F
*Passport No.		*Nationality		*Date of Birth	(DD/MM/YYYY)
*Mobile Phone		*Email			
*Postal Address					
Successful applicants will receive an email confirmation, Runner's Pack Collection Letter and Certificate of Achievement from the organizer.				*Country/City of Residence	
*T-Shirt Size	XS S M L XL	Sizes are for reference only. There is no guarantee that your selected size will be available. T-shirt sizes given to participants will be subject to availability.			
*Emergency Contact Person		*Relationship		*Contact No.	

## RACE TYPE & CATEGORY

Participants can only choose ONE race type and ONE category. (Please ✓ as appropriate.)

	Race Type	Category	Donation Only
DISTANCE 3 KM	<input type="checkbox"/> 3-km run (time limit: 40 mins for full course)	<input type="checkbox"/> Young Ophthalmologists (Aged ≤40)	<input type="checkbox"/> I <b>will not</b> participate in the APAO 2018 Charity Run. However, I will make a donation in the amount shown below (50% to go to Blind Sports Association HK and 50% to APAO Satellite Congress).
	<input type="checkbox"/> 3-km walk (time limit: 1 hour for full course)	<input type="checkbox"/> Ophthalmologists	
		<input type="checkbox"/> Senior Ophthalmologists (Aged >64)	
		<input type="checkbox"/> Non-Ophthalmologists	
		<input type="checkbox"/> Visually Challenged Division (free of charge)	
		<input type="checkbox"/> Guide Runner for the Visually Challenged (free of charge) Name of paired Visually Challenged Runner:	

## PAYMENT & DONATION AUTHORISATION

By Credit Card, Wire Transfer or Cheque

MINIMUM ENROLMENT DONATION	<b>HK\$780 (~US\$100.00)</b> <small>HK\$390 will be donated to Blind Sports Hong Kong and HK\$390 to the APAO Satellite Congress.</small>
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## SPONSORSHIP FORM (Please complete in BLOCK letters.)

Name of Sponsor/Name on Donation Receipt	Email#	Receipt Needed (Please ✓)	Sponsorship
1			HK\$:
2			HK\$:
3			HK\$:
4			HK\$:
5			HK\$:
#Donation receipt(s) will only be issued to sponsor(s) making a donation of HK\$100 or above to each beneficiary (ie, \$200 in total). #Please fill in the sponsor(s)' email address for receiving donation receipt(s). Please use additional sponsorship form(s) if necessary. Note: Personal information must be collected for insurance purposes.			Total Sponsorship Amount HK\$:

<b>Beneficiary 1 (50%): BLIND SPORTS HONG KONG</b>	The Shek Kip Mei Lutheran Centre for the Blind, part of the Lutheran Church Hong Kong Synod, has been encouraging and assisting visually impaired athletes in Hong Kong since 2008. Together with the Hong Kong Buddhist Association for the Blind, Blind Sports Hong Kong was established in 2012 to further support visually impaired runners. Currently, there are more than 130 athletes training in two different teams, who compete in races both at home and abroad.
<b>Beneficiary 2 (50%): APAO SATELLITE CONGRESS</b>	The aim of the newly created APAO Satellite Congress program is to bring APAO educational events to APAO member countries that have not yet had the opportunity to host an APAO Congress. The APAO Satellite Congress would take place as part of an APAO member society's annual scientific meeting and include symposia organized by APAO.

<b>*TOTAL (ENROLMENT DONATION OF \$780 + OPTIONAL SPONSORSHIP):</b> <small>Donations are eligible for tax deduction.</small>	<b>HK\$</b>
<small>Tax-deductible receipts of the respective amounts will be issued by Blind Sports Hong Kong / APAO for Hong Kong taxpayers only.</small>	

## \*PAYMENT MODE & AUTHORIZATION (Please ✓ choice of payment mode.)

<input type="checkbox"/> <b>By Credit Card</b>	<input type="checkbox"/> <b>By Wire Transfer</b>	<input type="checkbox"/> <b>By Cheque (Local only)</b>
Card Number: _____ Card Holder's Name: _____ Expiry Date (MM/YYYY): _____ CVV: _____	Bank Name: Hang Seng Bank Account Name: Asia-Pacific Academy of Ophthalmology Limited Account Number: 383-779485-883 (USD) Bank Address: 83 Des Voeux Road, Central, Hong Kong Swift Code: HASE HKHH XXX	Payable to "Asia-Pacific Academy of Ophthalmology Limited"  Bank: _____ Cheque No: _____

## Terms & Conditions

1. Charity Run/Walk participants must be 18 years old or above. The Asia-Pacific Academy of Ophthalmology (the Organizer) has the right to verify the age of participants before, during and after the race.
2. Entry is available on a first-come, first-served basis. The Organizer is not responsible for any mail delay or loss.
3. Entries will only be processed upon receipt of full payment of entry fees and donations. Cash payments sent by mail will not be accepted.
4. Participants will be entitled to compete for awards/prizes. Official Times will be used to determine the prizes and ranking.
5. When a participant wishes to change to another race after an entry has been accepted under special circumstances, a written application specifying the reason for such request must be submitted in writing on or before January 2018 and before the race quota is full. An administration fee of HKD100 is applicable. The Organizing Committee will then assess the application. No administration fee will be charged if the requests are not accepted.
6. The Organizer reserves the absolute right to limit and refuse entries.
7. The Organizer reserves the right to contact applicants by phone or other means for additional information required for their applications.
8. Entry fees are non-refundable. The Organizer reserves the right to refuse entry of any applicants who provide false information, fail to raise sufficient funds and make the required payment, or fail to meet entry requirements as stated in the entry form.
9. Should the event be cancelled due to circumstances beyond the control of the Organizer, the Organizer shall have no further responsibility and/or liability thereafter.
10. The Organizer reserves the right to change any part of the route before or during the race without prior notice due to road conditions or emergency.
11. Participants must ensure that they are medically and physically fit to participate in the race. Any person who is pregnant or suffering from any chronic diseases such as heart disease or high blood pressure should not participate in the event. The Organizer reserves the right to disallow/disqualify any person who is known or suspected to be physically unfit to participate in the event.
12. The Organizer reserves the right to disqualify any person and/or nullify his or her result due to any violation, breach or non-observance of any International Association of Athletics Federations (IAAF) rules or competition regulations. The Organizer shall not be obliged to refund any entry fee under such circumstances.
13. Instructions by the Organizer and race officials must be followed with respect to all matters not provided herein. The Organizer reserves the right to reject applications of participants who refuse to follow instructions of the race officials for all future Charity Run/Walk or any other races organized by the Asia-Pacific Academy of Ophthalmology.
14. Entry categories, bibs and timing chips cannot be sold, exchanged or transferred to other persons. Violation will result in disqualification and no entry fee will be refunded. The Organizer also reserves the right to reject applications of such participants and transferees for all Charity Run/Walk or any other races organized by the Asia-Pacific Academy of Ophthalmology. For enquiries on the above, please email us at [charityrun@apaophth.org](mailto:charityrun@apaophth.org).

☐ **By submitting his or her entry, each applicant agrees to observe and accept all terms and conditions of the event contained herein and those to be later introduced by the Organizer.**

## Declarations

As a condition of being permitted to compete in the APAO 2018 Charity Run/Walk and any ancillary event or function (collectively "Event") and in consideration of the opportunity to win prizes and collect valuables, I confirm to the Asia-Pacific Academy of Ophthalmology and its agents (collectively "Organizers") as follows:

1. I understand that by participating in the Event there are risks of injury, death and/or loss. I am entering the Event entirely at my own risk and responsibility. I hereby discharge the Organizers and any other individual or organization connected directly or indirectly with the Event from any responsibility in the event of my injury, death or loss of property sustained or incurred during my training for the Event, during the Event, or as a consequence of or while traveling to or from the Event.
2. I am physically fit and capable of participating in the Event, and I have been advised by a qualified medical practitioner that I can so participate.
3. I agree to receive any necessary medical treatment provided by the Organizers if required.
4. I grant permission to the Organizers to use my personal information, appearance, name, voice, bio-data likeness submitted by me or collected by the Organizers in connection with the Event ("such information") for the organization, promotion or publicity of the Event. I agree that (i) the Organizers shall own all rights (including without limitation, copyrights) in and arising from materials (e.g. photos, video, printed materials etc.) ("such materials") that contains such information; and (ii) the Organizers may exhibit, copy, edit, publish or use in other ways such information or such materials where necessary, and no further approval needs to be obtained from me and I also waive any right of inspection associated with such materials.
5. I understand and agree to provide my passport number to verify my personal details to the Organizers upon request.
6. I accept and will adhere to all rules and regulations that the Organizers impose from time to time for the Event. I understand that failing to adhere to any such rules and regulations will be subject to disqualification as may be determined by the Organizers.
7. I hereby declare that the data and information I provided on the entry form are correct, true and complete.
8. I agree that the Organizers are permitted to collect, store and use my personal data [as defined in the Personal Data (Privacy) Ordinance] as provided by me in the entry form for the purpose of or in connection with the Event (including but not limited to organization, promotion, and publicity of the Event) and for the purpose of direct marketing in relation to the Event or in relation to any services or products provided or sold by any sponsor of the Event and that such collection, storage and use are lawful and fair in the circumstances. I further agree that the Organizers may pass on such personal data to their agents, sponsors, contracting parties, supporting organizations and other related parties for the purposes mentioned above, in particular but without limitation to the Asia-Pacific Academy of Ophthalmology, the Event secretarial company, the Event photographer, the media and the press.

In the event of dispute in respect of or arising from the Event including the interpretation and application of these declarations or any rules and regulations, the decision of the Organizers shall be final, binding and conclusive.

\* Participant's Signature

Organized by:



路德會香港失明人健體會  
HKLSS - Blind Sports Hong Kong

Please return completed entry form by **January 31, 2018**, via email to [charityrun@apaophth.org](mailto:charityrun@apaophth.org) or by post to the address below:

APAO Secretariat  
c/o The Chinese University of Hong Kong  
Dept. of Ophthalmology & Visual Sciences  
Hong Kong Eye Hospital  
4/F, 147K Argyle Street  
Kowloon, Hong Kong