中國香港劍道協會有限公司
THE KENDO ASSOCIATION OF HONG KONG, CHINA LIMITED
Room 1029, Olympic House, No.1 Stadium Path, So Kon Po, Causeway Bay, Hong Kong.
Tel: (852) 2504 8145 Fax: (852) 2890 8052
https://www.hongkongkendo.com

Participants' Health Declaration

Before attending the training course/activity, participants should assess their physical condition and seek medical advice. Please read the following questions carefully and answer honestly.

Yes No

☐ ☐ 1. Has a doctor ever told you that you have a heart problem and that you should only do physical activities recommended by a doctor?

☐ ☐ 2. Have you ever experienced chest pain during physical activity?

☐ ☐ 3. Have you experienced chest pain while you are not doing any physical activity in the last month?

☐ ☐ 4. Have you ever lost your balance or lost consciousness due to dizziness?

☐ ☐ 5. Are you currently taking medication for blood pressure or heart problems (e.g. water pills)?

☐ ☐ 6. Are you currently pregnant or may be pregnant?

☐ ☐ 7. Are you over 65 years of age?

☐ ☐ 8. Have you ever had asthma, epilepsy, high fever causing convulsions, heart disease, or undergone major/minor surgery?

Please indicate: _____

If you answer "yes" to any of the above questions, you should first consult a doctor to determine if you are suitable to participate in the activity.

(1) For participants aged 18 or above to fill in

I declare that I am in good health and physical condition and suitable to participate in the activity. I confirm that the information provided above is correct. If any injury or death occurs due to my negligence or poor health or physical condition, The Kendo Association of Hong Kong, China Limited and its staff will not be held responsible.

Participant's name: _____ Participant's signature: _____ Date: _____

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(2) For participants under the age of 18, to be filled in by parents or guardians

I declare that the health and physical condition of _____ (participant's name) is good and suitable to participate in the activity. I confirm that the information provided above is correct. If the participant suffers any injury or death due to his/her own negligence or poor health or physical condition, The Kendo Association of Hong Kong, China Limited and its staff will not be held responsible.

Parent/guardian's name: _____ Parent/guardian's signature: _____ Date: _____

Personal Data Collection Statement

Purpose of collection: The Association collects personal data of participants to be used solely for processing matters related to the participant's health and safety. Although providing personal data is voluntary, if you do not provide sufficient information, the Association may not be able to understand the participant's medical history. In the event of an accident, we may not be able to provide appropriate assistance to the participant.

Access to personal data: Under the Personal Data (Privacy) Ordinance, you have the right to access and correct the information you provide. Please contact the Association if necessary.