

**Declarations (Signed by both applicants and parents/guardians for cadets under 18 years old)**

I have read, understand, and am willing to comply with the Rules and Regulations for the application of the Glider Scholarships 2015 – 2016 (“*the Rules*”) issued by Officer Commanding Glider Flight.

I hereby undertake that if being selected for the Operation Swift Glider Aviator Scholarships, I shall pay for the full cost of the training if and upon required. I fully understand that the reimbursement of scholarship to me by Hong Kong Air Cadet Corps (“*the Corps*”) will be solely upon the successful achievement of the Glider Aviator Wing in *the Corps* and full compliance with *the Rules*.

I understand that at times I/my child may be unaccompanied, and participation in gliding activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activities. I also understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and regulations and the standards of conduct. I hereby indemnify *the Corps* or any other organizations associated with the activities from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the officers/instructors to secure proper treatment, including hospitalization, anaesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to the officers/instructors examination findings, test results, and treatments provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardians, and/or determination of the participant’s ability to continue in the activities.

Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Name of Parent/Guardian\* \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_

Date \_\_\_\_\_

\*Applicable if the applicant is under 18 years old as at the date of application.

**Emergency Contact**

Name \_\_\_\_\_ Relationship with Applicant \_\_\_\_\_

Contact Number \_\_\_\_\_