

**Chi Yun School****2024 - 2025 School Year****Extra-curricular Activities for Students Circular Notice**13<sup>th</sup> September, 2024

Dear Parents,

Our school is organizing the Ride Day. Details of the activity are as follows:

1. Activity Coordinators : Ms. Yung Hiu Wai & Ms. Woo Siu Fong
2. Activity Title : 2024-2025 Ride Day
3. Organiser : Riding for the Disabled Association Limited
4. Date : 21<sup>st</sup> November, 2024 (Thu)
5. Time : 8:15 a.m. – 12:15 p.m.
6. Place : TUEN MUN PUBLIC RIDING SCHOOL  
Lot 45, Lung Mun Road, Tuen Mun, N.T.
7. Lunch Arrangement : As usual
8. Traffic arrangements : Tourist bus / rehabilitation bus :  
Gather at **8:15 a.m** at School Library ;  
Dismissal Time at 11:15 p.m, and arrive at school at 12:15 p.m ;  
**\*No school bus service. Parents are required to drop off**  
**students at school ( 8:15 a.m ) for the event on that day.\***
9. Fee : Free of charge
10. Clothing : School uniform, long pant, water, hat, umbrella, jacket, diapers
11. Application Deadline : Please complete the **reply slip** and the **attached forms**  
1. ACTIVITY CONSENT FORM ;  
2. PHOTO-TAKING & VIDEO SHOOTING CONSENT FORM  
and submit it to the school on or before **18<sup>th</sup> September, 2024**  
(Wed)  
(Please be reminded that late application will not be entertained.)
12. Contact : For any queries, you are welcome to contact our activity  
coordinators or our class teachers.  
Phone No. : 23862010 / 23862064 ; Fax No. : 27089853

Remark : 1. If there are too many participants, the candidates will be determined by drawing lots.

Thank you for your attention.



Acting Principal, Liu Hang Lam

Chi Yun School

### Reply Slip

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

I \* agree  / disagree  (Please put a "✓" in the appropriate box) my child \_\_\_\_\_  
(Class: \_\_\_\_\_ ) to participate in the activity 2024-2025 Ride Day held on 21st  
November, 2024 (Thu).

In case my child has any health problems, I agree with the immediate action taken by the  
school or the organizer.

Parents \* will  / will not  (Please put a "✓" in the appropriate box) accompany  
their child in this activity.

No. of participants : \_\_\_\_\_ (Note : students not included )

Parent's Name : \_\_\_\_\_

Parent's Signature : \_\_\_\_\_

*Riding For The Disabled Association Ltd*  
香港傷健策騎協會有限公司

HONG KONG



馳騁

Dear Sir/ Madam,

**Photo-Taking & Video Shooting Consent Form**

Thank you very much for joining the activities at the Riding for the Disabled Association (RDA)! We hope that your children enjoy the moments with us! In order to capture the happy moments of children in their natural state, we are going to take photos and make video recordings during the riding programmes and activities. The photos taken would be used for internal record and promotion purposes for Riding For The Disabled Association Ltd.

We would appreciate it if you would give consent to have the image of your children being taken in the photos and recordings. Please kindly complete the attached consent form and submit to the person in-charge at school or in centre.

Should you have any inquiries, please feel free to contact us at 2454-9961. Thank you in advance for your kind cooperation.

Rehab Section

Riding For The Disabled Association

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To: Riding For The Disabled Association

**Photo-Taking & Video Shooting Consent Form**

I hereby \*give / object to give consent to the authorized persons of the RDA to take photographs and do video shooting in programmes/activities of which the images of my child/ children (Name)\_\_\_\_\_ (I.D. Card No. \_\_\_\_\_) might be included.

Name of Parent / Guardian : \_\_\_\_\_

ID Card No. of Parent/ Guardian : \_\_\_\_\_

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

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

*\* Please delete the inappropriate one*

# *Riding for the Disabled Association Ltd*

## 香港傷健策騎協會有限公司



Website: [www.rda.org.hk](http://www.rda.org.hk)  
Charity Reg. No.: 91/1615

馳騁

### **RELEASE AND INDEMNITY** **(For parents/guardians of participants)**

My child/ward, \_\_\_\_\_ (*Full name of Participant*), wishes to participate in horse riding activities facilitated and/or provided by Riding for the Disabled Association Limited (“RDA”). In consideration of RDA providing to my child/ward the facilities and allowing my child/ward to participate in horse riding at the premises of, or in conjunction with, The Hong Kong Jockey Club Public Riding Schools or other partner establishments, I acknowledge and agree on behalf of myself and my child/ward as follows:

1. I understand that there are risks and dangers involved in horse riding and that my child/ward’s participation in horse riding activities may result in damage to personal property, illness, personal injury or death. These risks and dangers may be caused by my child/ward, other participants, accidents, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable circumstances. I hereby knowingly and voluntarily, on behalf of myself and my child/ward, accept and assume these risks and dangers and the risks of damage to personal property, illness, personal injury or death arising out of, incidental to or in any way connected with my child/ward’s participation in horse riding activities.

2. I understand that RDA may request from me at any time an up-to-date medical certificate from a registered medical practitioner, confirming that my child/ward is fit to participate in horse riding activities. I acknowledge and understand that such requests are for my child/ward’s own safety and the safety of others and are not made for any other reason, including discrimination against a person with a disability. I understand that if such requests are not fulfilled, RDA may refuse to allow my child/ward to participate in horse riding activities.

3. I, on behalf of myself, my child/ward and our respective personal representatives, executors, administrators, heirs, successors and assigns, hereby release, indemnify and hold harmless RDA and its agents, servants, members, directors, officers, employees, partners, instructors, helpers and volunteers (together, the “Indemnified Parties”) from any and all losses, liabilities, damages, obligations, claims or demands of whatever nature for any injuries, damage, losses, liabilities, costs, fees, claims or demands of whatever nature (except for death or personal injury resulting directly from the negligence of any of the Indemnified Parties) incurred or sustained by me, my child/ward or others during the course of, as a result of or in connection with my child/ward’s participation in horse riding activities provided by RDA.

4. In the knowledge that I cannot exclude my child/ward’s right to loss/damages for death/personal injury resulting from negligence, I agree to indemnify RDA and its Indemnified Party from any financial loss suffered as a result of any claims, demands, losses, liabilities, etc.

5. If any provision of this Indemnity shall be held to be unlawful, void or unenforceable for whatever reason, the same shall be deemed to be deleted from this Indemnity, but this Indemnity shall remain in full force and effect as if the deleted provision had never been contained in it

6. This document shall be governed by and construed in accordance with the Laws of Hong Kong and the courts of Hong Kong shall have exclusive jurisdiction to settle any disputes arising out of or in connection with this document.

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**PLEASE NOTE:** No Child can be considered for riding with the RDA until a form has been completed by both Doctor and Parent/Guardian.

**I confirm that I have read and understand the above terms and that, by signing below, I agree to those terms.**

Signed by

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Full name of parent/guardian:  
HKID No.:

(Revised November 2014)