



香港海洋公園 Ocean Park Hong Kong

「與動物親上加親」活動 參加者申報表

"Get Closer to the Animals" Programme Participant Declaration Form

為確保參加者、動物及員工之健康及安全，參加者必須在活動開始前填妥以下之申報表。

To ensure the health and safety of participant(s), animal(s) and staff(s), each participant must fill in the requested details before starting the programme.

請在適當位置填上資料或方格內填上✓號。

本園動物監督有權向參加者提出有關之健康查詢。所有資料將絕對保密及只於「與動物親上加親」活動方面使用。

Please fill in the blanks with details or put a ✓ in the appropriate boxes below.

The animal supervisor reserves the right to check/ assess further all participants' health condition. All information provided shall be kept confidential and shall only be used in respect of the "Get Closer to the Animals" programme.

活動日期 Date of programme : _____

體溫 Body Temp : _____
(需於現場檢測 Need on-site measurement)

參加者姓名 Name of participant : _____

性別 Gender : _____

年齡組別 Age group :

18 周歲或以上之成年人 Adult aged 18 years or above

3 - 5 周歲 Aged 3 - 5 years

6 - 8 周歲 Aged 6 - 8 years

9 - 11 周歲 Aged 9 - 11 years

12 - 17 周歲 Aged 12 - 17 years

緊急聯絡人 Emergency contact person : _____

聯絡電話 Tel : _____

如以下任何部份其中問題之答案為「是」，請與本園動物監督作進一步商討。

If you answer "Yes" to any part of the following questions, please discuss with our animal supervisor.

甲部 Part A		是 Yes	否 No	職員專用 Office use only
1	您現在有否服用免疫抑制藥物或有免疫缺損或有肺結核病或其他傳染病？ Are you on immuno-suppressants or have depressed immune function, tuberculosis or any infectious disease?			
2	您是否懷孕*？ Are you pregnant*?			

*備註：為了符合健康及安全考慮，孕婦需出示經由本港註冊醫生簽發之證明文件，並證明該孕婦適合參予本活動。

*Remark: To comply with health and safety considerations, pregnant participants must produce a valid current approval with health certificate from a Hong Kong registered medical practitioner certifying that it is safe for the pregnant participant to participate in the programme.

乙部 Part B					
3	在過去 5 天內，您曾否有以下病徵或徵狀？ Have you had the following symptom(s) in the past 5 days?		是 Yes	否 No	職員專用 Office use only
	3.1	發燒 Fever			
	3.2	咳嗽 Coughing			
	3.3	傷風/ 感冒 Sneezing/ Cold/ Flu			
	3.4	作嘔/ 腹瀉 Nausea/ Diarrhoea			
	3.5	皮膚病 Skin disease			
	3.6	傷口 Open cuts/ Wounds			
4	是否患有以下疾病？ Do you have the following disease(s)?		是 Yes	否 No	職員專用 Office use only
	4.1	心臟病 Heart disease			
	4.2	肺病 Lung disease			
	4.3	血友病 Haemophilia			
	4.4	癲癇症 Epilepsy			

丙部 Part C

5	您有否曾出現以下徵狀或狀況？ Do you have the following symptom(s) or condition(s)?	是 Yes	否 No	職員專用 Office use only
	5.1 在近距離接觸動物時，昏厥 / 眩暈 / 失去知覺 Fainting/ Giddiness/ Loss of consciousness when coming into close contact with animals			
	5.2 對植物 / 動物 / 水 有恐懼症 Phobia of plants/ water/ animals			
	5.3 對植物 / 動物 / 昆蟲 / 海水 敏感 (症狀包括皮膚出疹，眼睛及嘴唇腫脹，及呼吸困難等) Allergy to plants/ animals/ insects/ seawater (including symptoms of skin rash, eye and lip swelling, and breathing difficulty, etc.)			

豁免責任書

本人明白及接受參與「與動物親上加親」活動會涉及某些風險，尤其當本人不遵守海洋公園之指示情況下，可能會導致動物作出不可預測之反應，而最終影響參加者（包括本人在內）之安全。假若本人已懷孕或有任何疾病（包括但不限於：發燒、咳嗽、傷風 / 感冒、作嘔 / 腹瀉、皮膚病、有傷口、心臟病、肺病、血友病、癲癇症、接觸動物時出現昏厥 / 眩暈 / 失去知覺徵狀、對動物植物 / 水有恐懼、對植物 / 動物 / 昆蟲 / 海水敏感（症狀包括皮膚出疹、眼睛及嘴唇腫脹、及呼吸困難等）或免疫缺損、或受藥物或酒精影響者）並不適合參與本活動，本人明白和接受若本人仍堅持參與此活動或與動物有密切接觸，本人受傷或感染其他疾病之風險將較他人為高。故此，在法律許可的範圍內，本人豁免海洋公園公司及其有關人員因本人參與「與動物親上加親」活動而致的人身傷亡、財物損失或毀壞的所有索償。

Liability Release

I understand and accept that participating in "Get Closer to the Animals" programme involves some risk, particularly if I do not follow Ocean Park's instructions as the consequences may include an unpredictable reaction by the animal(s) that may prejudice the safety of the participants including myself. I also understand and accept that if I am pregnant or if I am suffering from any form of disease (including but not limited to, fever, coughs, cold/ flu, nausea/ diarrhoea, skin disease, have open cut/ wounds, heart disease, lung disease, haemophilia, epilepsy, fainting/ giddiness/ loss of consciousness when in close contact with animals, phobia of plants/ animals/ water, allergy to plants/ animals/ insects/ seawater (including symptoms of skin rash, eye and lip swelling, and breathing difficulty, etc.) or depressed immune mechanisms), I would have a heightened risk of injury or infection if I participate in this programme or if I have a close encounter with animal(s). Therefore, to the fullest extent permitted by law, I waive any claim for personal injury, loss or damage of whatever nature arising from my participation in the "Get Closer to the Animals" programme against Ocean Park Corporation and its personnel.

參加者姓名 Name of participant

參加者簽署 Signature of participant

日期 Date : _____

未滿 18 歲之參加者，須由其家長 / 監護人加簽，以確認同意此豁免責任書。

Participant who is under the age of 18 years, the agreement of his/ her parent/ guardian for this liability release shall be and is provided below:

家長 / 監護人姓名 Name of parent/ guardian

家長 / 監護人姓名簽署 Signature of parent/ guardian

日期 Date : _____

備註：上述資料只供與「動物親上加親」活動之用，如上述資料已無須保留，資料將於參與活動後三個月全部銷毀。

Remark: The above information is provided for the participation of "Get Closer to the Animals" programmes only. If the above information is no longer required, it will be destroyed three months after participation of the programme.

Office use only

Programme: Dolphin Encounter / Penguin Expedition / Red Panda Keeper / Fish Friends Face-off / Sea Lion and Seal Expedition
Meet the Dolphin / Little Meerkat / Walrus / Penguin / Sea Lion

Signature of curatorial supervisor: _____

Date: _____

Ver. Oct-2025