**AAF Observer/Visitor Declaration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of visitor:** |  | **HKUST ID/HKID:** |  |
| **Email:** |  |  |  |
|  |  |  |  |
| **Name of authorized user/staff:** |  |  |
|  |  | **HKUST ID/HKID:** |  |
| **Email:** |  |  |  |

**I (the visitor) hereby declare that I will not participate in any experimentation within the AAF facility. My role is strictly observational and will not assist other users in the facility in any way or form. My health and safety are the responsibility of myself and the accompanying user who is authorized to carry out experiment in the AAF facility.**

**Please check the box below to indicate that you understood your responsibility within the facility**

[ ] Must be accompanied by authorized personnel at all the times

[ ] Maintain cleanliness and tidiness of the facility at all times

[ ] DO NOT touch any instrument or equipment unless authorized to do so

[ ] DO NOT take photos of any part of the facility

[ ] I have read and understood the T&C in the AAF Health and Safety handbook which can be found at <https://aaf.ust.hk/dl/list/>

**The named authorized user/staff (the user) of this document agrees to take total responsibility of the visitor which include but not limited to the person’s safety and any damage or loss arisen from the misuse or mishandling of any tools, equipment or instruments by the user or the visitor.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Valid period: from** |  | **to** |  | **(Max 7 days)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of visitor: |  | Date: |  |
|  |  |  |  |
| Signature of user/staff: |  | Date: |  |