



Redeemer Chinese Evangelical Free Church

Office: #109, 3838 Midland Ave., Scarborough, ON M1V 5K5

Worship: 44 Kelvinway Drive, Scarborough M1W 1N6

Tel: (416)332-8585 Fax: (416)332-8586

LIABILITY WAIVER FORM

責任豁免書

For 18 and above 十八歲或以上適用

Event: Summer Camping 2016 at Kelso Conservation Area Date: Aug 19 to Aug 21, 2016
活動 日期

Name of Participant: _____ 參加者姓名
(Self/本人)

Address: _____
地址

Phone: (____) _____ Emergency Contact: _____ No. (____) _____
電話 緊急聯絡人 電話

Special instructions: _____
特別說明

Precautions are taken for the safety of the said participant, but in the event of accident or sickness, **Redeemer Chinese Evangelical Free Church**, its staff, and its volunteers are hereby released from any liability.

You must be covered by Provincial Health Insurance OR equivalent medical insurance.

Please indicate:

OHIP Medical Insurance:

Participant : _____
參加者 (SELF/本人*) Signature(簽名) Date (日期)

(In case there are discrepancies in the Chinese translation, the English version takes precedence. 以英文版本為準。)



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(For participant under 18 years of age and without accompanying parent(s)/guardian(s))

(十八歲以下參加者及沒有監護人陪同，必須由家長或監護人填寫及簽署以下部份)

Event: Summer Camping 2016 at Kelso Conservation Area Date: Aug 19 to Aug 21, 2016

Name of Child: _____ Age: _____

Address: _____

Phone: (____) _____ Emergency Contact No: (____) _____

Does your child have any severe allergies? (bee stings, food, penicillin, other drugs)

Yes _____ No _____ If yes, explain: _____

Does your child have any life-threatening allergies?

Yes _____ No _____ If yes, explain: _____

Is your child bringing any medication with him/her? (Antibiotics, Ventilator, Ritalin)

Yes _____ No _____ If yes, explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

Yes _____ No _____ If yes, explain: _____

Special instructions: _____

Precautions are taken for the safety of your child, but in the event of accident or sickness, **Redeemer Chinese Evangelical Free Church**, its staff, and its volunteers are hereby released from any liability.

Your child must be covered by Provincial Health Insurance OR equivalent medical insurance.

Please indicate:

OHIP Medical Insurance: _____

Parent / Guardian's Signature

Please print your name

Date