

**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 2017 at Kelso Conservation Area Date: Aug 25 to Aug 27, 2017

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.**

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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**LIABILITY WAIVER FORM**

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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 2017 at Kelso Conservation Area Date: Aug 25 to Aug 27, 2017

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: .

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Parent / Guardian’s Signature Please print your name Date