

# 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: Winter Retreat 2017 Date: Dec 28, 2016 to Dec 31, 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

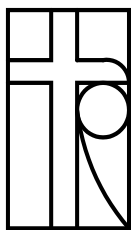
Special instructions: \_\_\_\_\_  
特別說明

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 : \_\_\_\_\_ Signature(簽名) \_\_\_\_\_ Date (日期) \_\_\_\_\_  
參加者 (SELF/本人\*)

(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: Winter Retreat 2017 Date: Dec 28, 2016 to Dec 31, 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: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Date

Internal Remarks/References: \_\_\_\_\_

Created:  
12/11/2017