

Redeemer Chinese Evangelical Free Church

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

Worship: 3150 Pharmacy Ave., Scarborough, ON. M1W 3J6

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

LIABILITY WAIVER FORM 責任豁免書

Event (活動): 2017 Summer Conference (2017 年夏令會) Date (日期): 6/24/2017 - 6/25/2017
MM/DD/YYYY

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

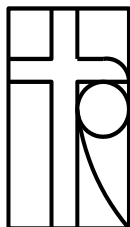
在教會舉辦此活動期間，若本人及同行家屬遇有意外引致受傷或疾病等事故時，本人及同行家屬願意豁免頌基播道會負責人員及義工之一切責任。

For participant under 18 years of age, the form must be signed by parents.
十八歲以下之同行家屬，必須由家長簽署以下部份。

Participant #1 : 參加者 1	_____ (SELF/本人)	_____ Signature(簽名)	_____ Date (日期)
Participant #2 : 參加者 2	_____	_____ Signature(簽名)	_____ Date (日期)
Participant #3 : 參加者 3	_____	_____ Signature(簽名)	_____ Date (日期)
Participant #4 : 參加者 4	_____	_____ Signature(簽名)	_____ Date (日期)
Participant #5 : 參加者 5	_____	_____ Signature(簽名)	_____ Date (日期)

Every participant must be covered by Provincial Health Insurance OR equivalent medical insurance.
每位參加者必須有加國醫療保險或購買醫療保險。

(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 FOR PARTICIPANT UNDER 18 WITHOUT ACCOMPANYING PARENT/GUARDIAN

十八歲以下及沒有家長或監護人陪同者責任豁免書

(This form must be completed and signed by a Parent/Guardian for participant under 18 years of age without an accompanying Parent/Guardian)
(十八歲以下及沒有家長或監護人陪同者，必須由家長或監護人填寫及簽署以下部份)

Event (活動): 2017 Summer Conference (2017 年夏令會) Date (日期): 6/24/2017 - 6/25/2017
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Name of Child: _____ Age: _____

Address: _____

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

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

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? (i.e. Antibiotics, Ventilator, Ritalin, etc.)

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.

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

參加者必須有加國醫療保險或購買醫療保險。

Please indicate:

☐ OHIP ☐ Medical Insurance: _____

家長或監護人簽署

Parent / Guardian's Signature

家長或監護人姓名

Please print Parent/Guardian's name

日期

Date

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