



美國家庭更新協會 Chinese Family For Christ, USA  
1520 W. Cameron Ave. Suite 165,  
West Covina. CA 91790  
Tel: 626-337-7200; Fax: 626-337-7233  
Website: www.cffcusa.org

(Please complete one form per family. 請一家填寫一份.)

**WAIVER OF CLAIMS AGAINST INDIVIDUALS**  
(放棄追訴個人同意書)

We, \_\_\_\_\_, \_\_\_\_\_ the undersigned, being the legal guardians of our family members registered the Family Vacation Camp (FVC) of CHINESE FAMILY FOR CHRIST, USA (CFFC) dated Nov. 21 2018 ~ Nov. 25 2018 at Mount Hermon Christian Conference Center; hereby acknowledge that we understand that CFFC have the liability insurance for the family vacation camp activities operated.

本人, \_\_\_\_ 以下簽名人,係本家庭成員之法律監護人,本人知悉「家新」機構為辦理此次家庭渡假營會活動購有意外責任保險。

We acknowledge and agree that the camp activity is being operated by the organization as a legal entity and not by any one in an individual capacity. We specifically acknowledge that we agree to release, discharge and hold harmless any individual, including but not limited to officer, director, coordinator, speaker, member, volunteer, co-worker, employee, agent, representative, lawyer, counselor and each of them of CFFC from any and all liability, cause of action or legal claims for any accident or injuries that might occur in the camp ground during the Camp period.

本人明白此次營會之活動係非營利機構或組織所舉辦,並非個人之行為,因此本人在此特別表明同意放棄追訴索賠之權利,免除個人之責任,包括機構之職員、董事、協調人員、講員、義工、同工、雇員、代理人或律師、顧問之任何疏忽行為所造成之意外或傷害。

We specifically agree to limit our legal claim or cause of action against campsite or CFFC (non-profit religious organization), if any, to the insurance policy coverage allowed. We agree to waive any and all claim amounts in excess of the policy limits.

本人同意對於營地或「家新」機構之索賠上限予以限制,不超過保險之最高額度,凡是超出保險公司所能支付的賠償額度,本人在此聲明同意放棄。

We understand that if anyone of our family members or anyone for whom I am the temporary guardian leaves the campground by himself or herself or with other people without CFFC's consent or supervision, CFFC's insurance coverage may not apply and I shall be solely responsible for the act, accident, or injuries that occurred.

本人明白,如果單獨或與他人外出行動,未經向「家新」報備,事先取得同意或監督,發生意外時,可能無法向保險公司索賠,將願意自行承擔一切責任,後果或損失。

Date (日期): \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(正楷書寫姓名) (簽名)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Our family health insurance information as followings**

(我們家庭健康保險資料如下)

Insurance Company (保險公司): \_\_\_\_\_

Insurance Policy # (保險號碼): \_\_\_\_\_

ID # (證件號碼): \_\_\_\_\_

**Please complete Page 2 (請繼續填寫第二頁)**

\* 本文件之中文翻譯僅供參考,其內容如與英文相抵觸時,一律以英文為主。

**PERMISSION SLIP (許可單)**

I, \_\_\_\_\_, give permission for my sons/daughters,  
(1) \_\_\_\_\_, (2) \_\_\_\_\_,  
(3) \_\_\_\_\_, (4) \_\_\_\_\_,

to participate in CFFC's 2018 Family Vacation Camp from 11/21/2018 to 11/25/2018. I will not hold Chinese Family For Christ liable or responsible for any injury to my child or myself beyond the limits of any insurance that may be in force and effect, and which provides coverage for injuries such as may happen. I acknowledge that no representations have been made to me about whether such coverage does or does not exist. In the event it does not exist, I understand that I am releasing Chinese Family for Christ, and any person officially connected with this event from any and all liability for any and all injuries, which my child or I may receive.

本人 \_\_ 許可我的小孩 (1) \_\_, (2) \_\_, (3) \_\_, (4) \_\_, 參與 2018 家庭渡假。從 11 月 21 日到 11 月 25 日營會活動。本人將放棄任何對「家新」機構在有限的任何保險以外的法律責任或承擔。無論是強迫和有效力, 包括可能發生在本人、配偶、小孩或家庭成員的傷害、意外、生病和財物損失。我知悉沒有代理人可代表我無論是否是在保險覆蓋範圍。本人明白表明同意放棄追訴索賠之權利, 免除個人之責任, 包括機構之職員、董事、協調人員、講員、義工、同工、雇員、代理人員或律師、顧問之任何疏忽行為所造成之意外或傷害。

In case of emergency, I understand that CFFC will try to make contact with me. In the event that I cannot be reached, I hereby give permission to Chinese Family For Christ to take my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and I assume the responsibility of all medical bills, if any.

在緊急情況下, 本人了解家庭更新協會將試著去聯繫我。在聯繫不到我的情況下, 本人在此允許家庭更新協會帶我的小孩去看醫生或醫院以及在此授權醫療, 包括但不侷限於緊急手術或醫療。本人將負責所有的醫療帳單。

**This signed release form signifies my agreement to all of the above.**

**(簽名並同意以上陳述)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date) (日期)      (Signature) (簽名)      (Parent/Legal Guardian) (法定監護人姓名)

**REMARK: (附註)**

Whenever the parent(s) of legal guardians(s) is not going to the camp, and instead entrusting other to take care of the child, please have both of the legal guardian as well as temporary guardian sign the document.

如果父母或法定監護人沒參加此營會, 由臨時監護人照顧小孩, 請父母或法定監護人和臨時監護人在以下文件簽名。

I authorize Mr./Mrs./Miss \_\_\_\_\_ as a temporary guardian for my child \_\_\_\_\_ during his/her stay at the camp period and the above terms and conditions. My temporary guardian's signature has the same legal effect and force as mine.

本人授權 \_\_ 先生/太太/小姐做我的小孩 \_\_ 在營會期間的臨時監護人, 本文件上述所有條款適用於他們。臨時監護人之簽名視同本人之簽名, 具有同等之法律效力。

Date (日期): \_\_\_\_\_

Signature (Legal Guardian) 法定監護人簽名 :

X \_\_\_\_\_

X \_\_\_\_\_

Acknowledged by and Agreed to Temporary Guardian

(臨時監護人同意確認):

X \_\_\_\_\_

\* 本文件之中文翻譯僅供參考, 其內容如與英文相抵觸時, 一律以英文為主。