

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, register | | |
|--|--|--|
| | | |
| Family Vacation Camp (FVC) of CHINESE FAMILY FOR CHRIST, USA | | |
| (CFFCUSA) dated at Mount Hermon | | |
| (CFFCUSA) dated at Mount Hermon Christian Conference Center; hereby acknowledge and understand that | | |
| CFFCUSA have the liability insurance to cover all the family vacation camp | | |
| activities. | | |
| | | |
| 本人,以下簽名人, 係本家庭成員之法律監護人, 本人知悉「美國 | | |
| 家新」機構為辦理此次家庭渡假營營會活動購有意外責任保險. | | |
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| | | |
| We understand and hereby agree all camp activities operate under the non- | | |
| profit organization as a legal entity and not by an individual. We | | |
| specifically acknowledge that we agree to release our right to pursuit any | | |
| legal action against any individual, including but not limited to officer, | | |
| director, coordinator, speaker, member, volunteer, co-worker, employee, | | |
| agent, representative, lawyer, counselor and anyone from CFFCUSA and | | |
| partnering organization such as Giant Cow Ministries, for any financial | | |
| claims of liability, cause of action or legal claims for any accidents or | | |
| | | |
| injuries that might occur in connection with activities during the camp | | |
| period. | | |

本人明白此次營會之活動係由非營利機構或組織所舉辦,並非個人主持。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. 亦包括兒童活動承辦機構 Giant Cow Ministries.

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

本人同意對於營地或「美國家新」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 CFFCUSA's consent or supervision, CFFCUSA's insurance coverage may not apply and I shall be solely responsible for the accident, or injuries and assume any financial obligations incurred therewith.

本人明白,如果單獨或與他人外出行動,未經向「美國家新」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:(正楷書寫姓名) | _Signature: (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), | In case of the child(ren) is going with someone other than the parent(s) or legal guardians(s), both the parent(s) or legal guardian(s) and temporary guardian(s) need to sign below |
|--|---|
| (3), (4), | 倘若小孩的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. |
| to participate in CFFCUSA's 2023 Family Vacation Camp from to I will not hold Chinese Family For Christ, USA liable or responsible for any injury of my child(ren) or myself beyond the coverage limits of any liability insurance that may be in force. I understand that I am releasing Chinese Family for Christ, USA and any person connected with this event from any and all liability for any injuries that my child(ren) or I may incur. 本人 | I authorize Mr./Mrs./Missas a temporary guardian for my child(ren)during their stay at the camp period and fully agree to 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: |
| In case of emergency, I understand that CFFCUSA will try to make contact with me. In the event that I cannot be reached, I hereby give permission to Chinese Family For Christ, USA 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. | X |
| 在緊急情況下,本人了解美國家庭更新協會嘗試去聯繫我.在聯繫不到我的情況下,本人在此允許並授權美國家庭更新協會帶我的小孩去看醫生或醫院接受冶療,包括但不只侷限於緊急手術或醫療。本人將負責所有的醫療帳單. | Acknowledged by and Agreed to Temporary Guardian (臨時監護人同意確認): |
| This signed release form signifies my agreement to all of the above. | |
| (簽名並同意以上陳述) | X |
| / / / (Date) (日期) (Signature) (簽名) (Parent/Legal Guardian) (法定監護人姓名) | *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. |

REMARK: (附註)