

# 家長同意書 Parent's/Guardian's Consent Form

參加者姓名: \_\_\_\_\_

出生日期: \_\_\_\_\_

(Participant's Name)

(Date of Birth)

地址(Address): \_\_\_\_\_

住宅電話(Home Phone #): \_\_\_\_\_

家長/監護人姓名(Parent's/Guardian's Name): \_\_\_\_\_

關係(Relationship to Participant): \_\_\_\_\_

如有緊急事件, 需要通知 (In case of emergency, please contact one of the following):

父親工作/手機電話(Father's work or cell phone #): \_\_\_\_\_

母親工作/手機電話(Mother's work or cell phone #): \_\_\_\_\_

其他親人姓名和關係(Other's Name & Relationship): \_\_\_\_\_

電話(Phone #): \_\_\_\_\_

「布碌崙宣道會」以下簡稱為「教會」。本人 \_\_\_\_\_ 是參加者 \_\_\_\_\_ 的家長/  
監護人。

此同意書授權教會為參加者給予適當必要的醫療，並且豁免教會、其職員和義工任何人身受傷之法律責任。我在此簽署，並且擁有此參加者的監護權，我們同意他/她參加教會組織的活動。我知道，任何事工或者體育運動本都有風險，我在此豁免教會，其牧師、理事會成員、董事、僱員、代理以及義工，任何在參加此活動的過程中產生的人身受傷、或者人身或財物的損失，之法律責任。如果發生他/她受傷並需要就醫的情況，我同意讓他/她接受有執照行醫的醫生適當治療。如果出現需要去教會指定的醫生就診或入院治療的情況，我同意放棄向治療的醫生或者醫院申請理賠、索償、或訴訟。我也明白，如果就醫的醫療費用不能由保險公司報銷的話，我最終將為此費用負責。我也同意，如果他們/她們生病或者學生事工成員認為他們/她們有必要回家的話，我將自己承擔帶我孩子回家的費用。我承認我已仔細閱讀隨附的信息表並同意其中包含的條件，包括但不限於 Covid-19 預防措施（例如，口罩、溫度測試、快速測試等）以及接送我的孩子在每個會議日的開始和結束時。

我在此簽署，並承認我已經閱讀並且明白以上所述，並且我接受這些條件。我在此簽名表示我是參加這個活動的孩子的監護人。

“Great Commission Bible Church”, hereafter referred to as “Church”.

I (\_\_\_\_\_) am the parent/guardian of \_\_\_\_\_ (applicant). This consent form gives permission to the Church to seek whatever medical attention is deemed necessary, and releases the Church, its staff, and volunteer workers of any liability against personal losses of named child. I the undersigned have legal custody of the participant named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, governing board members, trustees, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member. I acknowledge that I have read thoroughly the accompanying information sheet and agree to the conditions contained therein including but not limited to Covid-19 precautions (e.g., masks, temperature tests, rapid tests, etc.) and to drop-off and pick-up my child at the start and end of each conference day.

By signing below, I acknowledge that I have read and understood the above and that I accept the conditions contained herein. I also represent with my signature below that by signing on behalf of the child indicated below, I am the legal guardian of the said child.

家長/監護人簽署(Parent's/Guardian's signature): \_\_\_\_\_

日期(Date): \_\_\_\_\_

[09/2008]