

2019年崇青暨青少年台灣訪道團 (Youth Tao Tour to Taiwan)

報名表 (REGISTRATION FORM)

英文名/First Name:	英文姓/Last Name:		中文名字/Chinese Name:
性別/Gender: [] M [] F	年級/Grade:	年齡/Age:	Language/語言: [] 中文 Chinese [] 英文 English [] 其他 Other
電子郵件/e-mail:			電話/Phone Number:
緊急聯絡人、關係/Emergency Contact, Relationship:			緊急聯絡人電話/Emergency Contact Phone #:
住址/Address:			所屬佛堂/Temple Affiliation:
T-恤衫尺寸/T-Shirt Size: [] S [] M [] L [] XL		道親/Tao Member? [] Yes [] No	
任何過敏或須注意事項/Any allergy or things to be aware:			團費/Fee : [] Yes [] No
			同意書/Waiver: [] Yes [] No

Authorization for Emergency / Medical Care and Claim Waiver (免責同意書)

I _____ (Print Parent's Name) request that the applicant _____ (Print Applicant's Name) (**Applicant**) be permitted to participate in the **Youth Tao Tour to Taiwan 2019** (2019 崇青暨青少年台灣訪道團), from 7/4/2019 to 7/14/2019, sponsored by Kuang Ming Saint Tao Temple and its related Los Angeles Tao Community (**LATC**). Applicant is in adequate physical condition to participate in all activities. Should Applicant becomes ill or injured during the tour, he/she may receive first aid or medical attention as LATC deems necessary, or be admitted to a hospital in case of an emergency. This authorization remains effective for the tour and time period specified above.

I will not hold LATC or its directors, officers, teachers, volunteers and helpers liable for any and all claims related to the above-referenced tour and/or medical aid rendered. I understand participating in this tour is voluntary, and Applicant has my permission to participate in it. I also understand that there are certain risks involved in this tour, including, but not limited to, accidents, injuries, illness or death while traveling to and from the tour, and/or in the course of the tour, and/or the potential for property damage and/or loss. I will reimburse LATC for medical or other expenses incurred in care of the Applicant.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____