

我的父母與我並作如下聲明 《Authorization for Emergency / Medical Care and Claim Waiver》

I _____ (Print Parent Name) request that the applicant _____ (Print Applicant Name) be permitted to participate in the **Youth 4Q Winter Camp** (from 11/14/2015 to 11/15/2015) sponsored by the **Los Angeles Tao Center (LATC)**. He/She is in excellent physical condition. Should he/She becomes ill or injured during the event, may receive necessary first aid or medical attention by a licensed physician or nurse, or be admitted to a hospital in case of an emergency. This authorization remains effective only for the event and time period specified above.

I will not hold LATC or its officers, teachers, and helpers liable for the above activity and medical aid rendered. I understand this activity is voluntary and he/she has my permission to participate in it. I also understand that there are certain risks involved in this activity, including, but not limited to, accidents, injuries, illness or death while traveling to and from said activity, and/or in the course of the activity, and/or the potential for property damage and/or loss. I will reimburse LATC for medical or other expenses incurred in his/her care.

Parent/ Guardian

Signature: _____ Date: _____

Applicant

Signature: _____ Date: _____