

Authorization for Emergency / Medical Care and Claim Waiver

家長同意書

I _____ (Print Parent's Name) request that the applicant
_____ (Print Applicant's Name) (**Applicant**) be permitted to
participate in the **2016 Teen Leadership Summer Camp** (from 8/27/2016 to 8/28/2016)
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 summer camp activities.
Should Applicant becomes ill or injured during the event, 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 only for the event 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 event and/or medical aid rendered. I understand
participating in this event is voluntary, and Applicant has my permission to participate in it. I also
understand that there are certain risks involved in this event, including, but not limited to,
accidents, injuries, illness or death while traveling to and from the event, and/or in the course of
the event, 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.

Parent/ Guardian

Signature: _____ Date: _____

Applicant

Signature: _____ Date: _____