

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 **2017 Teen Confucian Spring Camp** (from 3/18/2017 to 3/19/2017) sponsored by Kuang Ming Saint Tao Temple (**KMSTT**) 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 KMSTT, 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: _____