

我希望能找到 _____ 人支持並能籌到\$ _____
 I hope to have _____ people to sponsor me and to raise \$ _____

請以原子筆正楷填寫。Please print Clearly in black or dark ink.

十八歲以下步行者需父母或監護人簽名允許參加。

Participants under the age of 18 require a parent/guardian to sign the consent form below.

另有集體報名表，請聯絡我們或上網下載(www.cchc.org/walk)。Please contact us or download from www.cchc.org/walk for a group application form.

教會/團體 CHURCH / ORGANIZATION

註冊號碼 REG. NO. (角聲提供ASSIGNED BY CCHC)

中文名字 CHINESE NAME

姓氏(英) LAST NAME

名字(英) FIRST NAME

性別 GENDER 男 M 女 F
 語言 LANGUAGE 粵語 CANTONESE 國語 MANDARIN 英語 ENGLISH

電郵 EMAIL ADDRESS

住家地址 HOME ADDRESS

城市 CITY

州 STATE

郵區號碼 ZIP

聯絡電話 CONTACT NO

步行T恤尺碼(成人碼) T-SHIRT SIZE (Adult Size) 加大 X LARGE 大 LARGE 中 MEDIUM 細 SMALL 加細 X SMALL

我已付上20元報名費
 (費用包括步行T恤及飲品)
 \$20 Registration fee is attached
 (The registration fee includes a T-shirt & a drink)

請在你想支持的事工上打勾✓ Please check the ministry of your choice with a ✓ mark :
 關懷佈道 Caring & Evangelism
 青少年 Youth 社區服務 Community Services 書室 Bookstore 號角月報 Herald Monthly 家庭 Family 大眾傳播 Mass Media
 癌症協會 Cancer Association 長者 Seniors 福音夏令營 Herald Gospel Camp 單身事工 Single Ministry 其他/角聲總體 Others/ General

豁免：基於本人被允許參加角聲步行籌款活動，我謹代表自己，我的繼承者，我的私人代表同意承擔一切相關責任；我或我的孩子於參加活動期間，若發生任何形式的受傷或意外，我同意放棄、豁免、撤銷、以及保證不對基督教角聲佈道團、以及成員包括工作人員、義工、贊助商、機構或代表提出控告。我允許該組織可以使用有關我參與活動的照片或影像；我同意可以對我提供急救護理，作為現場或被送到醫院被治療之前的救護方式。
 WAIVER: In consideration of being permitted to participate in the CCHC Walkathon, I hereby assume any and all risks that might be associated with the events for myself, my heirs, and my personal representatives. I further waive, release, discharge, and agree not to sue the Chinese Christian Herald Crusades (CCHC), it's officers, employees, sponsors, organizers, volunteers or other representatives for any and all injuries or damages or any kind whatsoever suffered as a result of myself and/or my child taking part in the event and any related activities. I also agree to the use of any photo, firm, or video of the event to be used by CCHC for any purpose. I also give my full permission for any first aid to be administered as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

參與者簽名 _____
 Participant Signature

日期 _____
 Date

十八歲以下步行者的父母或監護人請填寫 To be completed by the parent/guardian of any participant under 18 years of age

我 _____ 允許 _____ 參加角聲步行禱告籌款活動，關心社區並且同意以上有關規定。

I _____ fully understand and approve the above rules and regulations and hereby give consent for participant _____ to participate in the Walkathon 2019.

父母或監護人簽名 _____
 Signature of Parent or Guardian

日期 _____
 Date