

## 協工豁免同意書

### Volunteer Consent Form

As of 04/01/2015

豁免：茲同意我本人或我的未成年子女參加角聲協工使團，接受相關訓練、活動、學習成長、服務與貢獻社區。我僅代表自己、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、協工（義工）、贊助商、機構或代表提出控告。另外，我同意該組織可以對我或我的孩子提供急救護理，作為現場或被送到醫院被治療之前的救護方式；我允許可以使用有關我或我的孩子參與活動的照片或影像。我同意為所有在基督教角聲佈道團獲得的資料保密，不可作私人用途，並知道我要為因我洩漏資料而造成的一切後果承擔相應法律責任。

WAIVER: I hereby agree that me and/or my child who is under 18 years of age to participate in the CCHC Volunteer Fellowship and to attend any related trainings and events for personal learning and growing in order to serve and contribute to the community. I hereby assume any and all risks that might be associated with the events for me and my personal representatives. I further waive, release, discharge, and agree not to sue the Chinese Christian Herald Crusades (CCHC), its officers, employees, sponsors, organizer, volunteers or other representatives for any and all injuries or damages or whatsoever as a result of myself and/or my child taking part in the event and any related activities. Additionally, I give my full permission for any first aid to be administered as deemed necessary to be provided to me and/or my child on the premises or prior to transport to a hospital for further treatment. I also agree to the use of any photo, film, or video of the event to be used by CCHC for any purpose. I agree not to disclose any information I obtain from Chinese Christian Herald Crusades (CCHC), nor use it for personal purposes. For any information I disclose or use for personal purposes, I understand I will bear the full legal responsibility and corresponding consequences of my actions.

十八歲以上協工 姓名：\_\_\_\_\_ 簽名：\_\_\_\_\_ 日期：\_\_\_\_\_

家庭醫生姓名：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

Full Name of **Volunteer (if 18 or over)** \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

未滿十八歲協工 父母或監護人請填寫

我 \_\_\_\_\_ 允許子女 \_\_\_\_\_ 參加角聲協工使團，並且同意以上有關規定。

父母或監護人簽名：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_ 日期：\_\_\_\_\_

家庭醫生姓名：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_

To be completed by **parent / guardian of any volunteer under 18 years of age**

I \_\_\_\_\_ fully understand and approve the about rules and regulations and hereby give consent for participant \_\_\_\_\_ to participate in CCHC Volunteer Fellowship.

Signature of Parent or Guardian: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Contact Number: \_\_\_\_\_