

VINEYARD OF HARVEST

21167 Commerce Pointe Drive

Walnut, CA 91789

Telephone (909) 594-9010

Parent's or Guardian's Name :

家長/監護人之中、英文姓名 :

Address :

地址 :

Day Phone :

白天電話 :

Night Phone :

晚上電話 :

Emergency Phone :

緊急電話 :

Participant's Name :

參加者之姓名 :

Date of Birth :

出生日期 :

Age :

年齡 :

Gender :

性別 :

Activity Name 活動項目 : General Waiver Form

Date 日期 : January 1, 2009 - December 31, 2009

GENERAL RELEASE, WAIVER & INDEMNITY AGREEMENT 法律訴訟權豁免書

I certify that I am the participant (or Parent/Guardian of the above-mentioned minor and that I am entitled to his/her custody and control, and I do hereby give my permission for said minor to participate) in such above-mentioned activity (referred as "Activities"). *** I further certify that I (and/or said minor) am/are in good health and has no physical or other impediments which would endanger me (and/or said minor) from participating in such "Activities." Since the above "Activities" involves a risk of injury to participants, each participant (and/or Parent/Guardian of minor participants) has been requested to assume all risks involved in such "Activities" by signing this *General Release, Waiver & Indemnity Agreement*. *** In consideration of the VINEYARD OF HOPE ("VOH")'s acceptance of said participant's application for participation in such "Activities," I (for myself, my heirs, executors, administrators, and assigns) hereby **waive, release and discharge** the "VOH" and its officers, agents, employees, volunteers, and all sponsors and other entities and individuals associated with such "Activities" (collectively referred as "Releases") from any and all claims for damages, for death or personal injury which I (and/or said minor) may have or which may hereinafter accrue to me (and/or said minor), as a result of my (and/or said minor's) participation in this "Activities," and I further agree to **indemnify and hold harmless** from any liability or claim or action for damages which in any way arises out of my (and/or said minor's) participation in this "Activities," even though that liability may arise out of negligence or carelessness on the part of any of the "Releases." *** I further understand that accidents may occur during such "Activities" and that participants in such "Activities" may sustain personal injuries as a consequence. Therefore, knowing all the risks of such "Activities," I hereby agree to assume those risks and agree to **release and hold harmless** the "Releases" from any liability to me (and/or said minor) or our heirs or assigns for damages arising out of or related to my (and/or said minor's) participation in such "Activities."

CONSENT FOR EMERGENCY MEDICAL TREATMENT 意外傷害醫療同意書

In the event of sudden illness, accident, or injury which may occur while I (and/or said minor) is engaged in an activity supervised by the "VOH," its representatives, agents when neither the Parent/Guardian or designated emergency number can be contacted, I hereby give my consent pursuant to California Civil Code for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

Participant's signature 參加活動者之簽名

Date 簽字日期

Parent's / Guardian's signature 家長/監護人之簽名

Date 簽字日期