

二零二四年美加西岸基督徒追求聚會

父母/監護人同意書
及醫療表格

2024 WEST COAST CHRISTIAN CONFERENCE

PARENT/GUARDIAN CONSENT
AND MEDICAL FORM

日期：七月二十四至七月二十八日，二零二四年（週三-週日）

Date: July 24-28, 2024 (Wednesday –Sunday)

地點：加州Biola大學

Place: Biola University, CA

未滿十八歲且父母親或法定監護人不能一同赴會之弟兄姊妹請在報名時附上此同意書。每位未成年人一張表格。

For participants under age 18 who will not be accompanied by their parent/legal guardian, please have their parent/legal guardian complete this form. One form per minor.

我 _____ 允許我的孩子 _____ 參加二零二四年美加西岸基督徒追求聚會。在聚會期間（七月二十四至七月二十八日）由下列一同赴會之弟兄/姊妹擔任其監護人。

I, _____, hereby give my child _____

permission to attend the 2024 West Coast Christian Conference from July 24 to 28. The following adult, also attending the Conference, will act as his/her guardian during the conference.

監護人姓名 Acting guardian's name: _____

監護人在何處聚會 Acting guardian's assembly's name: _____

監護人手機 Acting guardian's cell: _____

父母手機 Parent's Cell: _____

若有緊急事情請連絡下列人員 Emergency contact:

姓名 Name: _____ 家屬關係 Relationship: _____

電話 Phone: _____ 家 Home: _____ 手機 Cell: _____

簽名 Signature: _____ 日期 Date: _____

(父母或法定監護人 PARENT/LEGAL GUARDIAN)

填妥後請在七月五日之前以電郵或郵寄方式寄回。Please submit via email or mail by July 5.

電郵地址 email address: wccc.contact@gmail.com

郵件地址 mailing address: 25 N 2nd St, Alhambra, CA 91801

二零二四年美加西岸基督徒追求聚會

父母/監護人同意書

及醫療表格

2024 WEST COAST CHRISTIAN CONFERENCE

PARENT/GUARDIAN CONSENT

AND MEDICAL FORM

Participating Child's Name: _____ Date of Birth: _____
參加之未成年人姓名 生日

I, (We), the undersigned, Parents or Guardians of _____ minors, do hereby authorize WCCC and its representatives as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the medical practice act on the medical staff of any accredited hospital, when such diagnosis or treatment is rendered at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

本人（我們），下列簽名的，為_____的父母或監護人，特此授權WCCC及其代表作為我們的代理人，同意對上述未成年人進行任何X光檢查、麻醉、醫療或手術診斷或治療，以及醫院認為合適並由醫療法案規定的執業醫生及醫院醫療團隊全權管理的任何住院治療。我們理解此項授權是在未有任何特定診斷、治療或醫院照護需求之前提下給予的，目的是授予我們上述代理人特定同意權力及權限，允許代理人同意任何上述醫生在其最佳判斷下認為對於上述未成年人適宜的診斷、治療或醫院照護。

Allergies 過敏

Medical Limitations 醫療限制

MEDICAL INSURANCE CO: _____ Phone: _____
醫療保險公司 電話

Member ID #: _____ Group #: _____
會員編號 組別編號

PARENT/LEGAL GUARDIAN SIGNATURE: _____
父母或法定監護人簽名

DATE: _____
日期

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**ACKNOWLEDGMENT OF RISK AND RELEASE AND WAIVER OF LIABILITY/
AGREEMENT TO ABIDE BY SAFETY GUIDELINES
PARENTAL PERMISSION FORM**

THIS DOCUMENT MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN OF A MINOR (UNDER THE AGE OF 18) PARTICIPATING IN THE CONFERENCE/CAMP DESCRIBED BELOW ("ACTIVITY"). IF THE PARTICIPANT IS NOT A MINOR, THE PARTICIPANT MUST SIGN THIS DOCUMENT

ACTIVITY NAME: _____

ACTIVITY DATES: _____

ACTIVITY DESCRIPTION: _____

ACTIVITY LOCATION(S): _____

AUTHORIZATION TO PARTICIPATE/GOOD HEALTH

The individual named below as "Participant," if over the age of 18, or his parent or legal guardian if the Participant is under the age of 18, hereby acknowledges that he or she authorizes Participant to participate in the ACTIVITY and further acknowledges his or her full understanding and appreciation that there are inherent risks of damage or injury associated with participation in the ACTIVITY including those risks described below that cannot be eliminated regardless of the care taken to avoid injuries.

The undersigned hereby represents that the Participant is in good physical and mental health and has no physical impairment that would be affected by his or her participation in the ACTIVITY. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor Participant the risks associated with participating in the ACTIVITY using language appropriate to the age and intellectual capacity of the Participant.

SAFETY GUIDELINES & PROTOCOLS

1. In electing to participate in the ACTIVITY, I understand and agree that the Participant will abide by and follow any University COVID-19 guidelines and protocols in effect at the time the ACTIVITY begins, which may include, but are not limited to, the following:

- Social distancing
- Hand and equipment sanitization
- Temperature checks
- Wearing face coverings
- Answering health related questions or showing proof of vaccinations
- Rules regarding not sharing equipment
- Discontinuation of the Activity

2. I also understand and agree that the Participant will read and abide by any and all notices and follow any verbal instructions given by _____ insert name of conference here or Biola employees or agents and understand that failure to follow any instructions and safety protocols may result in removal from the ACTIVITY without a refund.

DESCRIPTION OF RISKS

In electing to participate in the ACTIVITY, I understand, recognize, and have taken into account the following risks which, among others, the Participant may be exposed to:

1. **Bodily and Personal Injuries** which may include, but are not limited to:
 - a. minor injuries such as scratches, bruises and sprains;
 - b. major injuries such as eye injury or loss of sight, joint or back injuries and concussions;
 - c. catastrophic injuries including paralysis and death;
 - d. physical and emotional injuries due to the conduct of others.
2. **Contraction of COVID-19** or other contagious disease. Specifically regarding COVID-19:
 - a. COVID-19 is a highly contagious disease that can cause severe and lasting health complications, including death.
 - b. The Centers for Disease Control and Prevention (CDC) (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>) has stated that the virus is thought to spread mainly from person-to-person as follows:
 - i. Between people who are in close contact with one another (within about 6 feet);
 - ii. Through respiratory droplets produced when an infected person coughs, sneezes or talks which can then land in the mouths or noses of, or be inhaled into the lungs by, people who are nearby;
 - iii. COVID-19 may be spread by people who are not showing symptoms.
 - c. Even though a vaccine has been developed to prevent COVID-19, the vaccine is not 100% effective and people who are vaccinated may still contract the virus.
 - d. The CDC has indicated that the following are vulnerable individuals (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>) who are at a higher risk for severe illness if they contract COVID-19:
 - i. People 65 years and older; and

- ii. People of all ages with an underlying medical condition, particularly if not well controlled, such as the following conditions: chronic lung disease or moderate to severe asthma; serious heart condition; conditions that cause a weakened immune system making them immunocompromised; severe obesity (body mass index of 40 or higher); diabetes; chronic kidney disease undergoing dialysis; and liver disease.

Vulnerable individuals should discuss any concerns with their healthcare provider to make appropriate decisions about engaging in the ACTIVITY.

- e. During the ACTIVITY, the Participant may come into direct or close contact with individuals who have contracted COVID-19 (including such individuals who are asymptomatic) or who might otherwise be contagious.
- f. During the ACTIVITY, the Participant may be exposed to and/or contract COVID-19
- g. Notwithstanding any measures to mitigate the risk of exposure to COVID-19, there will still be a risk and possibility of being exposed to, contracting, or transmitting COVID-19 during participation in, or being present at the location of, the ACTIVITY.

3. Risks Related to Travel:

Participation in the Activity may involve risks, hazards, and dangers not typically present in academic study at the University, the consequences of which may result in harm to the Participant's health and personal safety, including loss of property, personal injury, or death posed by war, terrorism, crime, civil unrest, kidnapping, illness, public health risks, accidents, third party negligence, and/or violence. Such risks, hazards and dangers at a location associated with the Activity involve (i) those typically present when traveling to and within, and returning from, one or more locations that could result in damage to property, injury to persons, or death; (ii) if off of the Biola campus, exposure to political, legal, social, and economic conditions; different standards of design, safety and maintenance of utilities, including computing facilities, buildings, public places, and conveyances; local sanitation, medical, and weather conditions.

ASSUMPTION OF RISK

I, the Parent/Legal Guardian, on behalf of the Participant, or if Participants is over 18, I, have fully read, understand, and appreciate the risks described above. We further understand that personal injury, illness, or death may result from the participation in, or being present at the location of, the ACTIVITY, whether due to Participant's or Spectator's own actions, inaction or negligence or that of others who are present at or participating in the ACTIVITY. Notwithstanding these risks, the Participant and his/her Parent/Legal Guardian have decided that Participant desires to voluntarily participate in the ACTIVITY, being present at the location(s) associated with the ACTIVITY, and travelling to and from said locations. Minor Participant is doing so with permission from his/her Parent/Legal Guardian. We expressly and without qualification agree to assume, and do assume, sole responsibility for these risks, including the risk of personal injury, illness, or death. We further understand that these risks cannot be eliminated regardless of the care taken to avoid such risks.

RELEASE AND WAIVER OF LIABILITY:

In consideration for the Participant being allowed to participate in the ACTIVITY, including being present at all locations associated with the ACTIVITY and travelling to and from different locations, I, (or, on behalf of the minor Participant), my/his/her heirs, assigns, legal and personal representatives) agree to:

1. Release, waive, and discharge BIOLA UNIVERSITY, INC., its past and present trustees, officers, directors, managers, partners, shareholders, representatives, employees, agents, attorneys, successors and assigns (collectively, "Released Parties") from any and all claims, charges, complaints, demands, causes of action, obligations, damages and liabilities, known or unknown, suspected or unsuspected, of whatsoever nature that Participant, his/her heirs, assigns, legal and personal representatives had, now has, or may hereafter claim to have against the Released Parties, arising out of or relating in any way to the ACTIVITY, including but not limited to being present at or travelling to and from any location associated with the ACTIVITY.
2. Indemnify and hold harmless the Released Parties from any and all claims, demands, actions, or causes of action (including attorneys' fees and costs), including but not limited to claims for personal injury, illness, death, or property damage caused in whole or in part by the actions of Participant while participating in the ACTIVITY, including but not limited to being present at or travelling to and from any locations associated with the ACTIVITY.

I further expressly agree that the foregoing Assumption of Risk and Release and Waiver of Liability is intended to be as broad and inclusive as is permitted by California law and that if any portion thereof is held invalid, I agree that the remaining terms shall continue in full legal force and effect.

I have read this Safety Guidelines & Protocols, Assumption of Risk, and Release and Waiver of Liability agreement, fully understand its terms, and understand that I, the Parent/Legal Guardian, on behalf of the Participant, am giving up substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature for this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Executed this ____ day of _____, _____

PRINTED NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

**PRINTED NAME OF PARTICIPANT'S
PARENT OR LEGAL GUARDIAN**

**SIGNATURE OF PARTICIPANT'S
PARENT OR LEGAL GUARDIAN**