

參加教會活動同意書

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I understand that First Baptist Church Belton (FBCB) and its Chinese Mission (CM) is a nonprofit Christian ministry, and that my participation in activities of the CM are voluntary. I understand and agree that my participation in activities necessarily involves the risk of injury from various causes, including but not limited to accidents, falls, illness, collision or dispute with other participants, weather related injuries, and negligence of other people. I want to participate and I assume these risks.

In consideration of the privilege of my participation in the activity, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, FBCB, CM, and all of FBCB's and CM's directors, officers, elders, trustees, deacons, employees, ministers, volunteers, drivers, insurers, agents and representatives, and all other persons associated with the program as to any and all claims of me and other family members for personal injuries suffered by me, property damage, medical expenses, and care or treatment provided to me in the event I am injured or become ill while participating in activities.

This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that may have. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my name and picture in broadcasts, telecasts or written accounts for any participation in a FBCB sponsored event.

CONSENT TO MEDICAL TREATMENT

In the event that I am injured or become ill during an activity, and if I, am not able to make medical decisions, I hereby authorize FBCB, CM, its staff, volunteers including, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending me. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my care (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, and Consent to Medical Treatment.

Signature: _____

Printed Name: _____ Date: _____

Knowing Jesus Intimately, Serving Jesus Passionately, Sharing Jesus Globally