

## 2020/2021 年免責任就醫授權書

### Medical Release Form

假如發生意外事故並且人文學校聯絡不到您，請將兩位可以代您關照而且替您的小孩負責就醫的親戚或朋友的名字寫出來。Should your child be hurt in an accident and we are unable to contact you, please list the names of two individuals who will take responsibility in seeking medical attention.

1. 姓名(Name) : \_\_\_\_\_ 電話(Tel) : \_\_\_\_\_

2. 姓名(Name) : \_\_\_\_\_ 電話(Tel) : \_\_\_\_\_

3. 家庭醫生(Doctor) : \_\_\_\_\_ 電話(Tel) : \_\_\_\_\_

倘若您所填的資料有任何變更，請儘快通知人文學校，假設發生意外事故而且人文學校不但聯絡不到父母親，也無法聯絡到父母親所指定的其他負責人，則人文學校有權替學生採取緊急就醫措施，學生家長不能有任何的異議。

Should there be any changes in the above information, please inform the school immediately. If the Tzu-Chi Academy is unable to contact both the students' parents and those persons designated above, it has the authority to seek medical attention for the student with no objection from the student's parents.

#### **RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

1. I, hereby acknowledge that I have voluntarily applied for my child, \_\_\_\_\_, to participate in all activities to be conducted by THE TZU-CHI ACADEMY ("TCA"). In consideration of being permitted to participate in TCA Activities, I agree, for my child, myself, and for my heirs, successors, assigns, and personal representatives, to assume all the risks and responsibilities surrounding my child's participation in all TCA Activities and, to the maximum extent permitted by law, release and agree to indemnify TCA and its officers, chaperons, teachers, volunteers, employees, and other persons associated with TCA from and against any and all claims, demands, losses, defense costs or liability of any kind or nature which the TCA, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCA may sustain or incur or which may be imposed upon them for injury to person (including injuries resulting in bodily injury, illness or death) or property which my child may suffer, or for which my child or I may be liable to any other person during my child's participation in the TCA Activities, including any claim for damages based on the alleged negligent acts or omissions of TCA. I further agree not to sue or otherwise assert any claim against TCA arising out of or in connection with my child's participation in TCA Activities, specifically waiving my right to sue for any claim, demand or cause of action heretofore released.
2. I certify that my child has the necessary skills and abilities to participate in all TCA activities and I assume full responsibility for body injury, and loss of personal property, and expenses thereof as a result of my child's negligence in participating in TCA activities. I also agree to instruct my child to abide by the rules or instructions given to them either verbally or in writing by TCA. I further understand that TCA reserves the right to refuse any person judged to be physically or mentally unfit to meet the rigors and requirements of participating in certain activities. I also agree that TCA may use video or photographic or audio records of the activities that my child has participated in for promotional purposes.
3. I also agree that in the event of illness or accident of my child, any TCA officers, chaperons, teachers, volunteers, employees and other persons associated with TCA, in whose care my child has been entrusted, is authorized to consent to an X-ray examination, anesthetic, medical or surgical diagnosis of my child; to transportation of my child to any hospital and to treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a licensed physician and/or surgeon. I hereby indemnify, discharge and hold harmless TCA, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCA from liability because of the exercise of such actions.

Signature of Parent or Legal Guardian 家長簽名 : \_\_\_\_\_ Date: 日期 \_\_\_\_\_

## 2020/2021 School Year

### PARENT/GUARDIAN MEDIA RELEASE AUTHORIZATION

Buddhist Tzu Chi Foundation, U.S.A. requests permission to reproduce, through audio or visual means, activities related your student's education. Your signature below will enable us to increase public awareness and promote continuation and improvement of educational programs through mass media, displays, brochures, etc.

The media mentioned herein include but are not limited to photographs, films, slides, internet, video, and audio tape recordings.

**GRANTING OF PERMISSION IS VOLUNTARY AND SHALL REMIAN IN EFFECT THROUGH THE CURRENT SCHOOL YEAR ONLY.**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class \_\_\_\_\_

I hereby give my permission:

Parent (or Guardian) Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date \_\_\_\_\_

