



西雅圖證道堂
Evangelical
Chinese Church
of Seattle

Release of Liability

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day (_____) _____ Evening (_____) _____

Emergency Contact Person: _____ Phone: _____

Location: _____

Dates: _____

The undersigned represents to **THE EVANGELICAL CHINESE CHURCH OF SEATTLE** (herein referred to as **ECC**), a religious nonprofit society, that he/she is the natural parent or the legal guardian of the above named child or the above mentioned named is of legal age (18 years old); and the undersigned does hereby consent to such minor taking part in noted activity, with full understanding in so far as such activity will involve missions and sporting activity and mingling with other individuals and groups, that there is always the risk of injury, illness, loss and possible consequent expense for medical, diagnostic and curative treatment, and incidental loss and expense, and the undersigned does for himself/herself and for and on behalf of such minor assume the risk of such and expense, and does hereby wholly release **ECC** from any responsibility or liability; and waives any claims or causes of action against it or its agents that might arise on account and loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child/person, and agrees to hold harmless **ECC** in event any claim should arise; and the undersigned agrees to abide by the rules and regulations, supervision, and discipline set and applied by **ECC** and its agents to arrange for and consent to x-ray examinations, anesthetic, dental, medical or surgical diagnosis, medical or surgical diagnosis, and treatment, and hold harmless **ECC** from any such. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

I have read the above Release of Liability and agree to its provisions.

Signature of participant: _____

Date: _____

AUTHORIZATION FOR MINORS

(if under the age of 18)

I give permission for my son/daughter to attend the above ECC function. I have read the above Release of Liability and agree to its provisions.

Signature: _____ Date: _____

Relationship to minor: _____

Insurance Carrier: _____ Group Number: _____

MAILING ADDRESS

西雅圖
SEATTLE CAMPUS
651 NW 81st Street
Seattle, WA 98117
206-789-6380

東區
REDMOND CAMPUS
17360 NE 67th Court
Redmond, WA 98052
425-748-9660

北區
EDMONDS CAMPUS
7950 228th Street SW
Edmonds, WA 98026
425-778-1647

 www.eccseattle.org
 info@eccseattle.org