



Lee-Ming Chinese P.O.  
Box 83  
Gwynedd Valley, PA 19437

# 保險棄權證書 Insurance Waiver

## Waiver-棄權證書

In consideration of accepting membership in the Lee-Ming Cultural Association as student, parent of student, faculty or staff, I, my family, our heirs, executors, and assigns, do hereby waive and release any and all past, present, and future claims and rights for claims against Lee-Ming Cultural Association, the Lee-Ming Chinese School, its agents, officers, board members or members for any and all injuries or property loss suffered by us during school hours, school sponsored activities, and all Lee-Ming Cultural Association functions.

當慮及同意成為黎明中文學校協會下述之一員時(學生,學生家長,黎明中文學校協會全體教職員),我及我的家人,繼承者,執行,受讓人,茲此聲明 拋棄 及豁免 任何及全部相關的,過去的,現在的,未來的,索賠及追訴權.不論此索賠及追訴權是針對黎明中文學校協會,黎明中文學校它的代理人,幹事,董事會成員及會員,任何直接或間接參與黎明中文學校之正式非正式,或公開非公開,之所有活動,而引發之肢體傷害和財產損失,一概放棄.

## Insurance Certification -R W 證明

I hereby certify that our family and guests will provide our own personal accident and health insurance when attending Lee-Ming Cultural Association related functions.

我特此保證當我的家人及客人參與黎明中文學校協會的相關活動時,將會提供我個人的意外及醫療保險.

## Full name of Parent/Guardian -家長及監護人姓名

*Or Self, if over 18 years of age*

*Please print legibly*

**Please print the name of your family member(s) who have registered in Lee-Ming Chinese School  
請列出在黎明中文學校註冊之成員:**

Name ( English ) \_\_\_\_\_ Class \_\_\_\_\_

Name ( English ) \_\_\_\_\_ Class \_\_\_\_\_

Name ( English ) \_\_\_\_\_ Class \_\_\_\_\_

Name ( English ) \_\_\_\_\_ Class \_\_\_\_\_

Your signature below indicates you have read and understood all of the above and have also read and understood **the Parents' and Students' Guidelines listed on the following page and that you and any/all family members** registered, attending, or visiting the Lee-Ming Chinese School and/or any of its programs, functions or events agree to abide by it.

您的簽字代表您閱覽以上資料,以及下列的家長與學生手冊.您與您的家庭成員會遵守與支持黎明中文學校任何的運作與活動.

Parent/Guardian/Self \_\_\_\_\_

*Signature*

*Date*