

達福華人姊妹退修會

報名表

1. Please complete the following contact information:

Name (English): _____ 姓名(中文): _____ Age(年齡): _____

Address (通訊處): _____ City: _____ Zip code: _____

Email (REQUIRED): _____

Home #: () _____ Mobile #: () _____ 信主時間: _____

2. Emergency Contact (緊急連絡人):

Name (姓名): _____ Tel (電話): _____

Relationship (關係): _____

3. Medical Advisory (i.e. allergies, medical conditions):

4. **Payment is due at time of registration.** Make checks payable to: **"Arlington Chinese Church"**.
費用 \$140 (7月15日前報名可享 \$20 減免優惠)

繳費紀錄:

1. 報名日期 _____ 2. 金額: _____ 3. 支票號碼: _____

5. Roommate Request (同房室友, 限一位): _____

6. Check in starts at 3:00PM Friday, October 11, 2019.

Registration is strictly based on first come, first serve basis. Please contact **Lily Yang** (lily.yangwilliams@yahoo.com) for cancellation. Cancellations before September 10th will have a FULL REFUND. After September 16th, NO REFUNDS will be available.

Waiver Statement:

I do hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

A) Waive, Release and Discharge from any and all claims or liabilities for death or personal injury or damages of any kind, THE FOLLOWING PERSONS OR ENTITIES: Arlington Chinese Church and its officers, trustees, directors, employees, administrators, members, volunteers, representatives, servants, agents of any of the above; B) I AGREE NOT TO SUE any of persons listed above or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and C) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE WAIVER AND RELEASE. I UNDERSTAND I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Signature: _____

Date: _____