



# 2019年慈濟美國遊學營-國小團報名表附件一

請以正楷填寫表格以利建立完整檔案		填寫日期： <u>03</u> / <u>22</u> / 2019		
姓名	(中文) <u>郝知足</u>	First Name <u>CHIH-TSU</u>	Last Name <u>HAO</u>	性別： <input type="checkbox"/> 女 <input checked="" type="checkbox"/> 男
生日	<u>2007</u> 年 <u>09</u> 月 <u>28</u> 日	護照號碼	<u>520131499</u>	
就讀學校名稱	<u>臺南市私立慈濟高級中學國民小學部</u>			
就讀年級 (暑假前)	<u>五</u> 年級	身高	<u>153</u> CM	
學校校長姓名	<u>姚智化</u>	校長電話	<u>06-2959595 #168</u>	
個人聯絡資料				
聯絡方式	地址	<u>臺南市安平區文平路95號11樓之1</u>		
	電話	<u>(家) 06-2959595 (手機) 0912025025</u>		
	傳真		電子信箱	
緊急聯絡人	姓名	<u>曾美麗</u>	關係	<u>母子</u>
	地址	<u>臺南市安平區文平路95號11樓之1</u>		
	電話	<u>0912520520</u>	電子信箱	<u>hct2809@gmail.com</u>
我確實已了解報名簡章上之注意事項				
<u>郝知足</u>		<u>2019</u> 年 <u>03</u> 月 <u>22</u> 日		
學員簽名		日期		
<u>曾美麗</u>		<u>2019</u> 年 <u>03</u> 月 <u>22</u> 日		
家長/監護人簽名		日期		
_____		_____ 年 _____ 月 _____ 日		
校長簽名		日期		
_____		_____ 年 _____ 月 _____ 日		



## 2019年慈濟美國遊學營-國小團報名表附件一

請以正楷填寫表格以利建立完整檔案							填寫日期： <u>03</u> / <u>22</u> / 2019
姓名	(中文) <u>郝知足</u>						
就讀學校 名稱	臺南市私立慈濟高級中學國民小學部						
團服尺寸	# <u>16</u>	身高	<u>153</u> CM				
團服 尺寸 參考	#16	#18	#20	#22	#24	#26	
肩寬	16"	17"	18"	19"	20"	21"	
胸圍	38"	40"	42"	44"	46"	48"	
衣長	23-3/4"	24-3/4"	25-3/4"	26-3/4"	27-3/4"	28-3/4"	
身高	150~155cm	155~160cm	160~165cm	165~170cm	170~175cm	175~180cm	
請回答下列問題：							
1. 請問你過去有住院、開刀或其他重病的紀錄嗎？若有，請略述。							
<u>無</u>							
2. 你對食物或藥物會過敏嗎？若會，請列出名稱。							
<u>花生</u>							
<u>郝知足</u>			<u>2019</u> 年 <u>03</u> 月 <u>22</u> 日				
學員簽名			日期				
<u>曾美麗</u>			<u>2019</u> 年 <u>03</u> 月 <u>22</u> 日				
家長/監護人簽名			日期				

臺南市私立慈濟高級中學 國民小學部  
學生參與海外交流家長同意書

茲同意本人子弟 臺南慈濟高中國小部 五 年級 郝知足 同學參加  
2019 年慈濟美國遊學營-國小團 活動，

活動時間為 2019 年 6 月 25 日至 2017 年 7 月 9 日，

特此證明

此致

佛教慈濟美國教育志業基金會

學生簽章： 郝知足  (蓋章)

身分證字號： D1-3456789

家長簽章： 曾美麗  (蓋章)

住 址： 臺南市安平區文平路 95 號 11 樓 21

電 話： 006-2959595  
② 0912520520

中 華 民 國 108 年 03 月 22 日

(本同意書需由學生家長親自填寫，嚴禁學生自行填寫，違者以偽造文書之罰則論處)

# 營隊規則

報名前應注意事項：

1. 為維持營隊順利進行，若違反以下規定並經勸告不聽者，須辦理退營。
2. 本次營隊強調團體生活，所有活動皆團進團出，請遵守活動期間各項規定，嚴禁單獨行動。
3. 學員必須參與所有課程，嚴禁隨意離隊或無故缺席任何課程或活動。
4. 營隊期間必須配合營本部安排之團體住宿，嚴禁外宿或留宿親友家。
5. 所有學員均須依規定繳交學習與活動心得。
6. 欲參加營隊之學員如有特殊疾病(包括心臟病、腦血管疾病、糖尿病、精神病、癲癇症、傳染疾病)或其它可能發生身體重大不適症狀足以影響活動之進行者，請勿報名參加。如因此發生意外事故須自行負責。
7. 本營隊課程安排密集並有許多戶外活動，學員請斟酌自身身體健康狀況是否適合參加。本營隊全面素食，需自備環保碗杯，請學員全力配合。
8. 營隊期間請學員一律穿著規定之制服並自備學校運動服外套。
9. 請參加學校/教育志業基金會舉辦的說明會，確實了解營隊的性質與注意事項。

申請人已充分了解並同意遵守營隊注意事項所載相關規定，請同意申請人參加本活動。

學生簽名: 郝知足 Date: 2019.03.22

家長簽名: 曹美麗 Date: 2019.03.22

## PARENT/GUARDIAN MEDIA RELEASE AUTHORIZATION

Buddhist Tzu Chi Education Foundation requests permission to reproduce, display, and distribute copies of the media materials, through audio or visual means, of activities related to your child's participation. Your signature below will enable us to increase public awareness and promote continuation and improvement of educational program through mass media, displays, brochures, etc.

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

**GRANTING OF PERMISSION IS VOLUNTARY AND SHALL REMAIN IN EFFECT THROUGH ONE MONTH OF 6/25/2019 ~7/09/2019 ONLY.**

Student's Name 郝知足 HAO, CHIH-TSU

Date of Birth 2007.09.28

I hereby give my permission:

曾美麗

Name: TZENG, MEI-LI

Relationship to Student: 母子

## PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS! IN EVNET THAT ANY SECTION IS NON-APPCLIBLE, PLEASE CROSS OUT.

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

1. \_\_\_\_\_ ("Adult Participant") and/or
2. on behalf of 郝知足, a minor child (the "Minor Participant"), by 曾美麗, the parent having legal custody and/or the legal guardianship of the Participant (the "Guardian"),

(1 and 2 including as Guardian, collectively and/or individually referred to as "Participant" or "I" hereinafter.)

releases the Buddhist Tzu Chi Education Foundation and its affiliated entities (hereinafter referred to as "Tzu Chi"), a nonprofit organized and existing under the laws of the United States as a Section 501(c) (3) charitable organization, each of its directors, officers, employees, and agents.

I, do hereby give the consent to participate in all activities of Tzu Chi.

I desire to engage in activities related to serving or participating in the Tzu Chi's activities as a volunteer, player or participant. I am responsible for the Participant's own insurance coverage in the event of personal injury or illness as a result of participation in activities of Tzu Chi.

1. Waiver and Release: I hereby release and forever discharge and hold harmless Tzu Chi and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a Participant with Tzu Chi, including claims arising out of negligence. I understand and acknowledge that this Release discharges Tzu Chi from any liability or claim that I may have against Tzu Chi with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in Tzu Chi's activities.

2. Insurance: I affirm that the Participant is covered by primary medical insurance and understand that I am responsible for the Participant's medical bills if injury occurs. Further, I understand that Tzu Chi does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. I expressly waive any such claim for compensation or liability on the part of Tzu Chi beyond what may be offered freely by Tzu Chi in the event of such injury or medical expenses incurred by the Participant.

3. Assumption of Risk: I understand that the activities provided by Tzu Chi and which the Participant is involved in may include activities that are inherently dangerous to the Participant. We hereby expressly assume the risk of injury or harm of the Participant from these activities and release Tzu Chi from all liability for injury, illness, death, or property damage resulting from these activities.

4. Photographic Release: I grant and convey to Tzu Chi all right, title, and interest in any and all photographs, images, video or audio recordings of the Participant's likeness or voice made by Tzu Chi in connection with the Participant's involvement in Tzu Chi's events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. Medical Treatment: I hereby release and forever discharge Tzu Chi from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with Tzu Chi. I give our consent for the Tzu Chi to provide, administer, or obtain medical treatment for the Participant.

6. Food Experience/Allergy Permission:

I declare Participant can participate in food related activities.

Please check one of the following:

DO NOT have a food allergy or dietary restriction.

DO have a food allergy or dietary restriction. Participant may participate, but may not eat or handle the following items (please list below) 若有食物過敏或飲食限制，請勾選本項，並說明於後。

\_\_\_\_\_

\_\_\_\_\_

DO have a food allergy or dietary restriction. Participant may not participate in activities.

6. Waiver/Release for Communicable Diseases Including Covid-19 (Exhibit 1 form).

7. Copyright Release for Written Work, Images, Artwork. I hereby grant to Tzu Chi permission to use the Written Work, Images, Artwork described below:

in print and/or digital format. I am granting Tzu Chi permission for non-exclusive rights to use the written work(s), image(s), and/or art object(s). I certify that no other individual or parties hold copyright interest in the work(s) described above, that I hold all rights to the works listed, and that the license granted herein does not violate any third-party rights or applicable laws. I hereby certify and covenant that I am of legal age (a parent or legal guardian must sign for a minor), or if applicable, that I am authorized to sign on behalf of the entity or individual.

8. Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of \_\_\_\_\_ and that this Release shall be governed by and interpreted in accordance with the laws of the State of \_\_\_\_\_. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Participant:

舒知足 (Signature)

Date: 2024.03.22

Print Name

Signature of Guardian: 曾美麗

EXHIBIT 1:

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on Tzu Chi program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Tzu Chi their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: 郝知足

Participant signature: 郝知足

Date signed: 2024.03.22

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or



participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: 曾美麗

Parent guardian/signature: 曾美麗

Date signed: 2024.03.22