

WAIVER

I, _____(official name) COVENANT AND AGREE to release and forever discharge University of Toronto Mandarin Chinese Christian Fellowship (name of the organization), hereinafter known as the “Organization”, any claims, demands, whether express or implied, whether I now know about or not, in any way connected with 2010 University of Toronto Mandarin Christian Winter Retreat (the name of workshop/program/event).

I further undertake and agree to indemnify the Organization in respect of claims, or demands that may be brought against them by any person, legal entity, government or government agency, whether by way of subrogated right or otherwise, that arises out of or are in any way connected with 2010 University of Toronto Mandarin Christian Winter Retreat (the name of workshop/program/event).

I HEREBY ACKNOWLEDGE that I have not been subjected to any form of discrimination whatsoever and hereby represent and warrant that I have not commenced any complaint and undertake not to commence any complaint under the **Ontario Human Rights Code**.

Dated at _____ (City, Province) this ____ day of _____ (month) 2009

Signed by _____ Name in Print: _____

第三届多伦多大学 国语学生冬季退修会

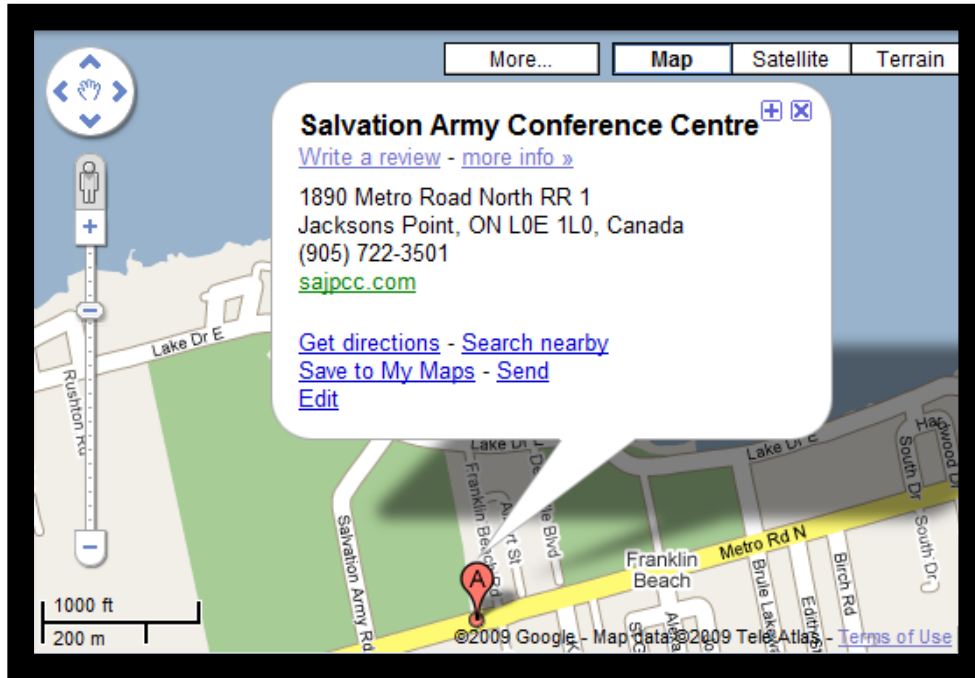
報名表

| | |
|----|--------------------------------|
| 时间 | 2010年1月8日到1月10日 星期五 - 星期日 3天2夜 |
| 地点 | 离多伦多2小时的 Jackson Point (附图) |
| 费用 | \$ 80 (包括住宿及食物) Cash/Cheque |
| 截止 | 12月18日 或 30人額滿 |



報名表

退修会地址:



<http://www.sajpcc.com>

出发检查表

- 圣经/笔/纸
- 手电筒
- 床单/睡袋/枕头
- 牙刷/牙膏/毛巾
- 把紧急联络方法告知家长或监护人

報名表

个人资料

| | | |
|-------------------|-------|-------|
| 中文名 | 英文名 | 年龄 |
| 性别 | 电话 | 生日 |
| Email | | |
| 地址 | | |
| 健康卡 Health Card # | | 食物过敏 |
| 紧急情况联系人 | 联系人关系 | 联系人电话 |

帮忙

| | |
|------|------|
| 诗歌敬拜 | 食物准备 |
| 交通运送 | 活动安排 |

注: 请填好 WAIVER FORM [背面] 与费用和申请表一起交给 Sun Yang and/or Sophie @ 647.938.1885