



参加者姓名: _____ 年龄组别: 18-59 60+ 电话: _____

电邮: _____ 地址: _____ 邮政编码: ON _____

步行筹款详情:

日期: 2019年9月22日下午1时至5时
 地点: ♡ Phyllis Rawlinson Park
 泊车/报到: ♡ 11715 Leslie St, Richmond Hill
 收表日期: 2019年8月18, 25及9月1, 8日
 活动内容: 轻松午餐, 齐齐起步, 舒展筋骨, 家庭乐步!

查询: Katherine Cheng (647) 222-6655, Lyman Wong (416) 567-4000,
 Doris Chan (416) 709-0828

赞助者须知:

- 请于步行筹款活动前, 把捐款全数交给上述的参加者。
- 您可使用现金或支票的方式给我们。支票抬头请注明“NTCAC”, 并在备注栏“Memo”注明“NTCAC Fundraising Walkathon 2019”。
- 捐款 20 元或以上可获报税收条。本会将直接发收条给赞助者。

筹款目的: 北宣第二期扩展工程筹款
 扩堂工程总费用: \$1,800,000 筹款数字目标: \$30,000

如需报税收条, 请用英文填写, 并于收条栏填上“ü”

赞助者姓名	赞助者地址 及 邮政编号	电邮	电话	数额		收条要 p
				现金	支票	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			总额	\$	\$	

WAIVER, CONSENT & RELEASE

In consideration of the transportation services arranged by North Toronto Chinese Alliance Church (NTCAC) or by myself and provided by unpaid volunteers to and from church activities or any other destinations, I, the undersigned (including my estate, personal representative or assigned), do hereby release, indemnity and forever release the providers of these services from any personal and/or corporate liabilities, arising from providing such services, save and except where appropriately covered by accident insurance.

In the event that I require any medical attention or treatment under the above noted services or circumstances, the following contact person(s) shall be notified. If a contact cannot be made or made in time or in case of emergency, I give my permissions and consent to the medical clinic, hospital, physician or medical staff to provide medical treatment or emergency medical services. I consent to any transportation arrangement such as ambulance selected by my transportation provider or NTCAC to secure medical treatment or emergency medical services.

I acknowledge that NTCAC has advised me to consent with my family and to obtain independent legal advice before signing this Waiver, Consent and Release.

I reserve my right to waive independent legal advice.

In the event I choose not to retain or seek independent legal advice and execute this form, my waiver to independent legal advice is deemed given and I confirm I am of the full age of 18 and is of sound mind and sign this form voluntary and without duress.

Dated at _____ this _____ day of _____, 20____

Print Name _____ Signature _____

Witness Print Name _____ Signature _____

Emergency Contact Person _____ Phone _____

办公室专用	表格编号#C_____
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收款人：_____ 日期：_____

款项：支票：\$_____ 现金：\$_____ 总数：\$_____