



參加者姓名: _____ 年齡組別: 18-59 60+ 電話: _____

電郵: _____ 地址: _____ 郵政編碼: ON _____

步行籌款詳情:

日期: 2019年9月22日下午1時至5時
 地點: ♡ Phyllis Rawlinson Park
 泊車/報到: ♡ 11715 Leslie St, Richmond Hill
 收表日期: 2019年8月18, 25日及9月1, 8日
 活動內容: 輕鬆午餐, 齊齊起步, 舒展筋骨, 家庭樂步!

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

贊助者須知:

- 請於步行籌款活動前, 把捐款全數交給上述的參加者。
- 您可使用現金或支票的方式給我們。支票抬頭請註明「NTCAC」, 並在備註欄「Memo」註明「NTCAC Fundraising Walkathon 2019」。
- 捐款 20 元或以上可獲報稅收條, 本會將直接發收條給贊助者。

籌款目的: 北宣第二期擴展工程籌款
 擴堂工程總費用: \$1,800,000 籌款數字目標: \$30,000

如需報稅收條, 請用英文填寫, 並於收條欄填上“ü”

贊助者姓名	贊助者地址 及 郵政編號	電郵	電話	數額		收條要 p
				現金	支票	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			總額	\$	\$	

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 _____

辦公室專用

表格編號 #C_____

收款人：_____ 日期：_____

款項: 支票: \$ _____ 現金: \$ _____ 總數: \$ _____