

2007年美加西岸基督徒追求聚會 2007 West Coast Christian Conference
父母或監護人同意書 Parent/Guardian Consent Form

十八歲以下必須和父母或法定監護人一同報名，否則父母或法定監護人須填妥本同意書，並委託一位臨時監護人(二十五歲以上)一同報名。請填妥此同意書的每一部份。

All minors under age of 18 must register with parent/legal guardian or temporary guardian (over 25). If the minor is registering with a temporary guardian, **the parent or the legal guardian must fill out the Consent Form** and the minor must register on the same registration form as the temporary guardian. Please fill in all parts on this form.

I give _____ permission to attend the 2007 West Coast Christian Conference.

The following individual, also attending the Conference, will act as the guardian during the Conference:

Name: _____ Assembly/Fellowship: _____

Known allergies and current medications of minor: _____

In case of emergency, please contact

Name: _____ Relationship: _____

Phone: (Home) _____ (Work) _____

Parent/Legal Guardian signature _____

Parent/Legal Guardian printed name _____ Date _____

BIOLA UNIVERSITY
Office of Auxiliary Services
Release Form

Release executed by _____ (parent/legal guardian) for
_____ (child/dependent) to BIOLA University, Inc., 13800 Biola Avenue, La
Mirada, CA., 90639.

In consideration of being permitted to participate in 2007 West Coast Christian Conference (hereinafter "activity")
On _____, I, undersigned, in full recognition and appreciation of the dangers and hazards inherent in this activity including transportation to and from such activity to which I may be exposed during my participation in this activity, do hereby agree to assume all the risks and responsibilities surrounding my participation in the activity, and further, I do for myself, my heirs and personal representative(s) hereby defend, hold harmless, indemnify, and release, and forever discharge BIOLA UNIVERSITY, INC., and all its trustees, officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, or death which may result from my participation in the activity, and which result from causes beyond the control of, and without the fault or negligence of BIOLA UNIVERSITY, INC., its trustees, officers, agents or employees, during the period of my participation as aforesaid.

Parent/Legal Guardian signature _____ Date _____

MEDICAL CONSENT

I, the undersigned parent or guardian of _____
give our consent for him/her to receive treatment for illness or injury, medication or immunization deemed advisable through the BIOLA University Health Services, and to make the necessary referrals to other facilities, if indicated.

I consent to any x-ray examination, laboratory test, anesthetic, medical or surgical diagnosis and hospital service that may be rendered to said minor under the general or special instruction of any licensed physician, whether such treatment or diagnosis or immunization is rendered at the office of the physician or at a licensed hospital or health department. It is understood that this consent authorizes the physician to exercise his/her best judgment as to what is best for the individual patient. This consent will remain effective during the student's attendance at BIOLA University priority to his or her eighteenth birthday, unless revoked in writing delivered to BIOLA University.

Parent/Legal Guardian signature _____ Date _____