



ISLAND ECC LIABILITY RELEASE FORM

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING AS YOUR LEGAL RIGHTS WILL BE AFFECTED.

Please return the duly completed and signed form by email to Ricki Yuen, Associate Director of Global Outreach at ricki@islandecc.hk or by fax to 2528 9190. Participants are only considered registered on the relevant outreach trip upon receipt of this duly completed and signed form by the Island ECC church office.

I am aware that my participation in the _____ outreach trip ("the Outreach") involves exposure to many risks and dangers and hazards and having regard to the religious and non-profit nature of Island ECC (including but not limited to its officers, directors, employees, agents and representatives) ("the Organizer") of the Outreach.

PART A (To be completed by all participants. *If the Participant is under the age of 18, a parent or guardian must also sign and complete the bottom portion of this section)

In consideration of the Organizer accepting my application and participation in the Outreach, I hereby agree as follows:-

1. to assume and accept all and any risks, dangers and hazards arising out of, incidental to or in any way connected with my participation to the Outreach;
2. to waive any and all claims, actions, costs, expenses and demands that I may have against the Organizer;
3. to release the Organizer from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer or incur as a result of my participation on the Outreach, due to any cause whatsoever including but not limited to negligence on the part of the Organizer.
4. that my level of physical fitness and health is adequate for the Outreach;
5. that this Liability Release Form shall be effective and binding upon my next of kin, executors, administrators and assigns, in the event of my death.
6. I agree that the laws of Hong Kong shall govern this document and any disputes arising hereof shall be decided in the competent and fair courts of Hong Kong.

I have read and I fully understand and accept the above terms and conditions.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

*Print Name of Witness: _____

*Signature of Witness: _____ Date: _____



PART B

This part must be completed by the guardian/parent of the Participant if the Participant at the date of the signing of this document has not attained the age of 18 years. By completing this part, the parent or the guardian of the Participant is appointing a legal guardian (“Outreach Legal Guardian”) for the Participant for the Outreach Period.

The appointment of an Outreach Legal Guardian will ensure that the Participant may seek medical assistance at the earliest incidence and that if any urgent medical treatment or attention is necessary during the Outreach that the Outreach Legal Guardian may have authority to do so.

The parent and guardian hereby agrees as follows:

1. to assume all medical expenses incurred including but not limited to emergency surgery or medical treatment; and
2. to assume all transportation and incidental costs should it become necessary for the Participant to return to Hong Kong due to medical reasons.

Print Name of Participant: _____

I hereby appoint the following person as the legal guardian for my child for the duration of the Outreach:

Print Name of Guardian: _____

Signature of Guardian: _____ Date: _____

Print Name of Parent: _____

Signature of Parent: _____ Date: _____