

Chinese Cultural Association of New Brunswick
紐布朗斯維克中華文化協會
Chinese Language and Culture School
Consent Form

Student Name: (Chinese) _____ / (English) _____

I hereby give permission for my child, _____, to attend the Chinese language and culture school organized by the Chinese Cultural Association of New Brunswick (herein referred to as CCANB) and participate in the various classes, activities and events in connection therewith. I am aware in signing this document for my child's participation in the CCANB Chinese Language and Culture School and all the attendant activities that certain risks and/or dangers may exist, including loss and/or damage to personal property, injury and/or fatality due to slipping, falling, falling objects, or suffering from any type of accident, illness or other causes. I acknowledge that while CCANB through its agents volunteer organizers and/or employees, will make every reasonable effort to instruct my child properly to minimize exposure to known risks all danger (hazards and perils) associated with these activities cannot be foreseen. I have instructed my child that it is his/her personal duty and responsibility to learn and to follow the safety standards, guidelines, rules and procedures established by CCANB's organization team and will make them aware of any point during the activity in which my child questions his/her knowledge or this standards, guidelines, rules and procedures or his/her ability to participate.

I understand and assume all risks and dangers (hazards and perils) associated with the various activities and events organized by CCANB in which my child will be participating in and waive all claims or causes of action arising there from and hereby release all persons or agents from liability whether cause by negligence, breach of contract, strict liability or otherwise, which I may or ever have against CCANB, it successors and assigns, its Board of Directors or Trustees, its officers, agents, volunteers, employees, and their heirs, executors and assigns.

Furthermore, I give my consent to CCANB and the members of its organization team and/or other medical personnel to treat my child in an emergency situation.

My signature on this document is also intended to bind my successors, representatives, heirs, executors, administrators and assigns.

Parents' signatures: (1) _____

(2) _____

Witness's Signature: _____

Date: _____