



恩望堂中文學校豁免表

Hope Lutheran Chinese School Waiver Form

55 San Fernando Way, Daly City, CA 94015 ♦ Tel. (650) 991-4673 Ext.0; Fax (650) 991-9723

WAIVER, RELEASE, AND AGREEMENT NOT TO SUE OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 ("AGREEMENT")

豁免對恩望堂中文學校作出任何起訴及索償

The current epidemic of the Coronavirus (hereafter as "COVID-19") is reported to be contagious and evolving. The virus is believed to spread from person-to-person contact, by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and can still spread the virus. The exact methods of spread and contraction are unknown, and there is still no treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illnesses and even death.

Hope Lutheran Chinese School (hereafter as "Hope") cannot prevent you, or your child(ren), from becoming exposed to, contracting, or spreading COVID-19 while using Hope's services, facilities, or premises. It is not possible to prevent against the presence of the virus. Therefore, if you choose to utilize Hope's services and/or enter onto Hope's premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

We, _____ (父親英文姓名) and _____ (母親英文姓名)
(FULL NAMES), have read and understood the above warning concerning COVID-19, and fully understand that our child's (name) _____ participation in Hope's program, and classes (hereinafter as "program") exposes us to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. We hereby acknowledge that we are voluntarily participating in this program and agree to assume any such risks.

We hereby forever release, discharge and agree not to sue Hope for any injury, death or damage to or loss of personal property arising out of, or in connection with, our participation in Hope's programs, from whatever cause, including the active or passive negligence of Hope, its owners, officers, directors, managers, officials, trustees, agents, employees, other representatives, or any other participants in the program with exposure, infection, and/or spread of COVID-19 related to utilizing Hope's services and premises. We understand that this waiver means we give up our rights to bring any claims whether known or unknown, foreseen or unforeseen.

In consideration for being permitted to participate in the above-mentioned activity, we hereby agree, for ourselves, our heirs, administrators, executors and assignees, that we shall indemnify Hope from any and all claims, demands actions or suits arising out of or in connection with our participation in the above listed program.

We understand and agree that the law of the State of California will apply.

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WE HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL THE PROVISIONS OF THIS RELEASE AND AGREEMENT NOT TO SUE. WE ARE AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND WE KNOWINGLY ASSUME THE RISK, WAIVE OUR RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE, AND SIGN IT ON OUR OWN FREE WILL.

父親簽名 SIGNATURE OF PARENT OR GUARDIAN

日期 Date

母親簽名 SIGNATURE OF PARENT OR GUARDIAN

日期 Date

We, _____ (父親英文姓名) and _____ (母親英文姓名), declare under penalty of perjury under the laws of the State of California that we are the parent or legal guardian of the child. We further declare that we shall indemnify and hold harmless Hope from and against any and all claims resulting from, incident to, or arising out of my child's participation in the program, any and all risks assumed by our child and we above, and/or the breach of any promises, covenants, and/or representations made by me herein and/or in the above Release.

父親簽名 SIGNATURE OF PARENT OR GUARDIAN

日期 Date

父親姓名 PRINTED NAME OF PARENT OR GUARDIAN

母親簽名 SIGNATURE OF PARENT OR GUARDIAN

日期 Date

母親姓名 PRINTED NAME OF PARENT OR GUARDIAN