CHINESE AMERICAN COMMUNITY CENTER

LIABILITY WAIVER FORM

Participant=s Name: _____ _____,Age_____
(Please Print:Age _____ _____,Age_____
needs to be specified _____ _____,Age_____
if younger than 18) _____ _____,Age_____
English Chinese

Home Address: _____
Phone: _____(home), _____(work)

Activities to participate in: __(Taikwondo) __(Chinese Martial Arts) __(Table Tennis)
__(Girls Volleyball) __(Basketball) __(Tennis)
__(Aerobic) __(Ball Room Dance) __(Hike/Bike/Dine)
__(Folk Dance) __(Others, specify_____)

CACC Membership (choose one):
__(Life),__(Family),__(Individual),__(Senior),__(Student),__(Guest)

We/I understand that sports activity, by its very nature can be dangerous and that risk is involved. Relative to us/me, my son/daughter /ward as a participant on the sports checked above, we /I assume all risks and hereby release Chinese American Community Center[C.A.C.C.], its co-sponsor,and instructors and leaders appointed by them from all liability by reason of any injury to any person or any damage to anything in connection with the activity.

We/I certify that the above named particiapnt(s) are/is covered by medical insurance.

We/I do hereby grant permission to a licensed physician to perform or provide necessary medical care or aid to our/my son/daughter/ward/self.

_____, Date _____

_____, Date _____
Signature of adult particiapnt(s) or parent/guardian for participant(s) under 18.

_____, Date _____
Witness