

萨城中文学校

The Chinese Language School of Saskatoon

2026-2027 免责表

2026-2027 Participants Waiver of Liability

1. 我知悉我参加萨斯卡通中文学校的课程或活动可能会对我自己、合作伙伴或其他参与者造成严重的身体伤害, 对我的财产或其它财产造成损失。

I am aware that my participation in the Chinese Language School of Saskatoon program or event could have potential danger and risk for serious Bodily Damage or Property Damage or Loss to Myself, any Partner or other Participant, my Property or their Property.

2. 通过我的签名, 我向所有相关方或相关人士确认, 我完全承担风险, 并承认萨斯卡通中文学校对我自己、任何合作伙伴或其他参与者、我的财产或其他参与者的财产造成的身体伤害或财产损失概不负责。

By my signature I am advising all parties concerned and/or relevant that I am assuming the risk in total and acknowledge that the Chinese Language School of Saskatoon shall have no Liability for Bodily Injury or Property Damage or Loss to Myself, any partner, or other Participant, my Property or other Participants' Property.

3. 我也知悉萨斯卡通中文学校将定期为我的孩子和其他孩子拍摄个人或集体照片或视频。我允许萨斯卡通中文学校在宣传学校活动时使用这些照片(照片或视频永远不会与姓名关联使用)。

I also am aware that the Chinese Language School of Saskatoon will be taking pictures or videos periodically of my child and other children in either group situations or as an individual participating in the Chinese Language School of Saskatoon programs. I give the Chinese Language School of Saskatoon permission to use these pictures in areas of promotion for their programs. (No names will ever be used in association with the pictures or videos)

4. 如果有学生对某些食物或饮料过敏, 家长有责任保护孩子。老师和学校对因与其他学生共享食物或饮料而导致的任何医疗后果概不负责。

If any student is allergic to certain food or drink, it is the student parent's responsibility to protect the child. Neither teacher nor school is responsible for any medical consequences resulting from sharing food or drink with other students.

作为我孩子_____的父母/监护人, 我在此代表他/她放弃任何责任, 并在此声明, 他/她接受上述 #1和#2中指定的风险。我也授权萨斯卡通中文学校使用在校期间拍摄的任何照片和视频(#3)。

By my signature as Parent/Guardian for my child, _____, I do hereby waive on their/his/her behalf, any Liability and do hereby declare that they/he/she accept(s) the Risks as specified in #1 & #2 above. I also give permission to use any pictures taking during the Chinese Language School of Saskatoon programs as specified in #3 above.

中文语言班级 Mandarin Chinese Language Class _____ 课外班 Extra-Curricular Class _____

学生生日 Date of Birth _____ 已缴学费金额 Paid Tuition Amount _____

公立学校年级 Grade in Public School _____ 日期 Date _____

父母/监护人姓名 Parent/Guardian's Name (Print) _____ 签名 Signature _____

地址 Address: _____

电话 Phone Number: _____ Email Address: _____

* 此免责声明应用于即日起至2027年6月30日之间, 所有中文学校组织的或赞助的活动。This waiver applies for each and every event sponsored by the Chinese Language School of Saskatoon from the date indicated above to June 30, 2027