



# Shin Kwang Christian Summer School

## LIABILITY/MEDICAL RELEASE (법적 책임 해제 확인)

- ❖ 아래에 적힌 사항 들을 확인하시고 필요한것은 작성하여 주시기 바랍니다. 자녀가 들어 있는 의료 보험회사 이름을 적어 주십시오.
- ❖ List the name of your child's medical insurance carrier (e.g. Blue Cross, Allstate, State Farm, All Kids etc.) PLEASE read and fill out necessary information below and return.

학생이름/ NAME	새학년/ GRADE	주의할 건강상태 / MEDICAL OR PHYSICAL CONDITION	알러지/ALLERGIES (ex. Penicillin, aspirin, peanuts, wheat, milk, fruits)	복용하는 약/ PRESCRIPTION MEDICINE
1.				
2.				

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

본교의 교사들은 귀댁의 자녀들의 안전을 위해 최선을 다 할것을 다짐합니다. 그러나 학교기간 중에일어나는 어떠한 사고에 대해서도 학교당국은 책임질수 없습니다. 이러한 조건을 읽고 이해 하신후에 서명하셔서 제출해 주시기 바랍니다. (동의서류와 의료기록을 함께 제출하여주시고, 혹 의료 기록이 없을시 학교수업에 참여 할수 없음을 말씀드립니다.)

The staff of Shin Kwang Summer School will do their best to assure all possible safety measures for your child while in school. However, the school and staff will not assume any liability incurring during the school period. Please read and sign below. I agree to release and hold harmless the Shin Kwang Summer School and Shing Kwang Church including its agents and staff from all liability for bodily injury or personal property damage or emergency medical treatment.

I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff to secure the services of the persons necessary to provide the care, including anesthesia, for my child(ren)'s well-being.

This Liability/Medical Release shall remain effective during the period from Jul 6, 2015 to August 21, 2015, inclusive, unless revoked sooner in writing.

\_\_\_\_\_  
부모이름 Parent Name

\_\_\_\_\_  
부모싸인 Parent Signature

\_\_\_\_\_  
Date



## Shin Kwang Christian Summer Camp PHOTO/VIDEO RELEASE 여름학교 사진 및 비디오 허가동의서

I understand that my child(ren) or I may be photographed or videotaped while participating in Shin Kwang Summer School endorsed by Shing kwang Church. I give permission for photos and videotapes of my child/ward or me to be used for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content for promoting the SK Summer School and Shin Kwang Church's ministries. Such photos and videotapes will remain the property of Shin Kwang Church.

I have read and fully understand the program details, waiver and release for all claims and permission to secure treatment as stated on this form.

\_\_\_\_\_  
부모이름 Parent Name

\_\_\_\_\_  
부모싸인 Parent Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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