

各位弟兄姊妹及福音朋友平安，

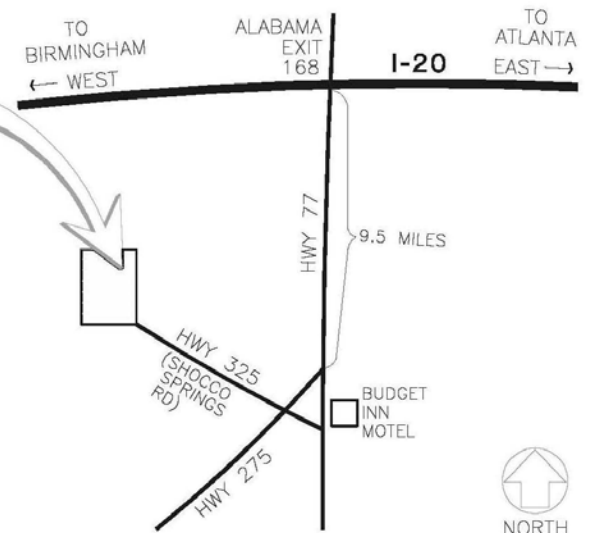
感謝您報名參加今年的福音營，煩請注意以下事項：

- 報到時間為 4 月 1 日 (週五) 下午 5:00 起，為避免週五下午塞車，建議您提早出發；若早到營地可先到湖邊遊覽，或至報到處 **Bagley Center Lobby** 休息
- **Bagley Center** 報到開始後，請在 **Lobby** 桌上找到自己的名牌，然後去領鑰匙，**請攜帶 \$5 現金做房間鑰匙押金**，以加速報到作業。
- 如有幼兒尚不能放手自己穩定走路的，請父母自行照顧，恕大會無法提供服務。大會會場禁止帶小孩入大堂，及逗留大堂門廳內，以免影響會眾聽道，請有幼兒的父母親諒解與合作。
- **0~18 歲參加者請家長請務必填 Waiver Form 帶去營地 (在營地亦可填，但事先填可節省報到時間)**
- **1~2 歲** 幼兒照顧在 **Preschool Building Room 3**，家長需接送。
- **3 歲至 kindergarten** 在大堂地下室，家長需接送。
- **1 年級到 5 年級** 在 **Bagley Center** 二樓 **226 教室** (餐廳入口旁)。**1 到 2 年級** 到家長需接送，**3 到 5 年級** 不必，請家長和孩子事先約好會後見面方式。
- **6 年級及以上** 說英語之青少年節目在 **Bagley Center** 三樓 **300 教室**，不必接送，請家長和孩子事先約好會後見面方式。
- **1 歲至 2 年級** 之兒童家長請在中午, 下午 **3:20PM**, **晚堂結束後** 三時段準時去接孩子，其他時間請不要去探望孩子。
- 營地宿舍無吹風機，請自備。
- 本營地為禁煙、禁寵物營地，並請勿在寢室內烹煮食物，謝謝您的合作！
- 手機全營地只有 **AT&T** 和 **Verizon** 可通，如您的手機不是 **AT&T** 或 **Verizon**，請自備電話卡，**Bagley Center** 一樓有公用電話。
- 請自備常用藥，營會只提供 **First Aid**，不提供過敏藥、退燒藥、止痛藥、感冒藥等。
- 出發前請注意天氣預報，如暴雨、龍捲風等警告；在營會期間如聽見龍卷風警報響聲 (全營地都可聽到)，請參考地圖，依據以下指示：
 - 在節目進行時間：所有人請到報到處 **Bagley Center** 一樓避難，在大堂 **Chapel** 地下室聚會的兒童，有老師照顧，家長請勿去接。
 - 非節目進行時間：所有人請到報到處 **Bagley Center** 一樓避難。



DIRECTION FOR SHOCCO SPRINGS CONFERENCE CENTER OF ALABAMA

- I-20 Exit 168
- Take Hwy 77 South
- Exactly 9.5 Miles Right Turn to Hwy 275 South
- First Intersection Right Turn to Hwy 325 (Shocco Springs Road)



P.O. Box 886
Talladega, AL 35161
PH: 800.280.1105
PH: 256-761-1100
FAX: 256.761.1270



Waiver & Release

Participants in events held at Shocco Springs Baptist Conference Center, Inc. (SSBCC) may be asked to have a signed and witnessed or notarized Waiver & Release Form, including adults 19 and over. All participants under 19 must have a Waiver & Release signed by Parent/Guardian and witnessed or notarized. Only Pages 1 and 2 of this form must be presented at Event check-in.

Event Name:	SE Chinese Gospel Conference		Event Date:	04/01-03/16
Church/Organization Name:		City/State:		Phone:
Name:	_____		Age:	_____
			Sex:	Male/Female
Address:	_____		Birth date:	___/___/___
City:	_____	State:	_____	Zip:
Parent/Guardian:	_____			
Home Phone:	() _____	Work Phone:	() _____	Cell Phone:
Email address:	_____			

By signing this form, I agree to the following:

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above described event and am aware of the activities in which I, or my child, will be involved through said participation.

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue SSBCC, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify SSBCC and the Church/Organization for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

Assumption of Risk. I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities. (See Page 3 for SSBCC Recreation Activities Descriptions)

Medical Emergency. In the event of injury or a medical emergency, I understand that the group's leader, not SSBCC, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or guardians of minors. I release SSBCC from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all SSBCC events.

SSBCC's guest medical supplement will assist within current/prescribed **limitations** in a similar way to a secondary carrier. If no insurance is provided by the family or the sponsoring church/organization, SSBCC's guest medical supplement will also assist within current/prescribed **limitations**.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

Media Consent. I know that media will be used to capture comments, interviews, pictures and video of SSBCC activities in which I will participate. By signing this form, I give my consent and permission for the taking of photographs, recordings, statements, and/or video of me (and/or my child) during and regarding SSBCC activities. I hereby grant to SSBCC the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials. I also hereby release SSBCC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

請家長或監護人簽名

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check which applies:

Parent/Guardian (for attendee under 19 years of age) Attendee (19 years of age and over)

Signature: _____ Date: _____

Relationship to Attendee _____ Contact #: _____

Witness (required if not notarized)

I witnessed _____ sign the above Waiver and Release on
Attendee, Parent or Guardian

Date

(Witness) Signature

(Witness) Print Name

(Witness) Address

City

State

Zip Code

↑ 以上證人欄, 請一位 21 歲以上親友 (非家長或監護人) 填寫並簽名