

Toronto CCM 多倫多中信中心



The Awaken Souls 甦靈男人事工 合辦

2019 男仕緩步跑研習班 (VII)

*Name:	*Mobile Phone:
	(For Contact & WhatsApp Communication Purposes)
*Emergency Ctc Name	*Contact No:
*Email:	Church affiliation/Religion
Please check: (I) Eleme	ntary with no or little running (II) Advanced (see poster)
SAFETY AND MEDICAL WAI	VER
	I fitness events may be a potentially hazardous activity. In medically able and properly prepared. I acknowledge that I medical well being.
Ministry/Toronto CCM concerning risks associated with the Event; incobjects, the effects of weather and	decision of volunteer(s) or representative(s) of Awaken Souls my ability to safely participate; (b) I will assume any and all cluding but not limited to, falls, contact with other persons or I course conditions; (c) I hereby consent to permit, and accept nent in the event of injury or illness.
Ministry/Toronto CCM and its volu	nt, I for myself waive and release Awaken Souls nteers and representatives from present and future claims n or unknown, arising out of our participation in this Event or
against Chinese Christian Mission	ministers, successors and assigns hereby waive all claims of Canada and Toronto CCM Centre, its directors, staffs, njury I might suffer in this event. I attest that I am physically
By checking the box here, Check understand and agree to the te	Lacknowledge, s box* Write your name here* erms of this Waiver.
*SIGNATURE:	*DATE SIGNED:
Pls check here if you do not we from us in future.	want to receive communications, emails, program information

NB (* Blanks must be filled in and/or signed, church affiliation/Religion is optional)