

SEE Tours Sponsored by Family Keepers

真愛家庭協會「全人深度旅遊」

LIMITATION OF LIABILITY AND WAIVER OF CLAIMS

(責任限制及放棄追訴同意書)

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I (We), the undersigned, and on behalf of the minor(s) being a registered participant(s) of the SEE Tour held from November 29 to December 8, 2011, by Family Keepers (FK), by signing below, hereby acknowledge that I (we) understand the travel agency, tour bus company, and all the parties of the lodging accommodations, as well as the camping facilities for the SEE Tour, have the liability insurance for the activities operated.

本人，即以下簽名人，報名參加真愛家庭協會於 2011 年 11 月 29 日至 12 月 8 日主辦之「全人深度旅遊」，特此表明，本人知悉旅行社、遊覽車公司、沿途留宿旅館，均持有意外責任保險。

I (We) acknowledge and agree that the tour activities are being operated by a non-profit organization and not by any one in an individual capacity. I (We) specifically acknowledge that I (we) and my (our) family agree to release, discharge and hold harmless any individual, including but not limited to FK's officers, directors, coordinators, speakers, volunteers, co-workers, employees, agents, representatives, lawyers, counselors from any and all liability, cause of action or legal claim for any accident or injuries that might occur in the tour bus, the accommodations, the activities and the facilities concerned during the SEE Tour period.

本人瞭解全人深度旅遊係由非營利機構所舉辦，並非個人之行為。本人特此表明，行程中如有意外或傷害等情事，本人及家屬同意放棄追訴索賠之權利，免除個人之責任，包括機構之職員、董事、協調人員、講員、義工、同工、雇員、代理人、顧問或輔導員、律師等人之責任。

I (We) and my (our) family specifically agree to limit my (our) legal claim or cause of action, if any, to the insurance policy coverage allowed. I (we) and my (our) family agree to waive any additional claim amounts in excess of the policy limits.

本人及家屬同意對索賠上限予以限制，不超過保險之最高額度，凡超過保險公司所能支付之賠償額度，本人及家屬在此聲明同意放棄。

I (We) and my (our) family understand that if I (we) leave the tour group by myself (ourselves) or with other persons without the consent given by FK's tour co-workers, insurance coverage may not apply, and I (we) shall be solely responsible for the act, accident or injuries occurred.

本人及家屬明白，未經真愛家庭協會隨團工作人員同意，本人如單獨或與他人外出而發生意外或傷害時，可能無法向保險公司索賠，一切責任，本人願意自行承擔。

Date(日期) : _____, 20__

Signature(簽名) : _____

Name(本人印刷體英文姓名) : _____

Emergency Contact Person(緊急聯絡人,印刷體英文姓名) _____)

Tel.(電話) (_____) - _____ - _____