

靈糧堂秀德小學

2019-2020 年度【二十週年校慶陸運會校友盃】

家長/監護人同意書

敬啟者：

本人為_____（校友姓名）的家長/監護人，同意敝子弟參加 貴校舉辦之校友盃 4 x 100 米接力比賽，並證明上述參賽人的健康及體能良好，適宜參加上述活動，參賽人及本人明白於比賽期間，參賽人若有任何傷亡，須自行負責，並不會向 貴校作出任何形式之追究，並且願意遵守 貴校的各项安排。

此致

靈糧堂秀德小學

校友姓名：_____

家長姓名：_____

家長簽署：_____

緊急聯絡電話：_____

日期：_____

**Ling Liang Church Sau Tak Primary School
2019-2020 Alumni Relay Race**

Parent Consent Form

To: Ling Liang Church Sau Tak Primary School (LLCST)

I, the undersigned, am the parent / guardian of _____ (Name of Alumni). I hereby acknowledge that I have read and understand the details of the Alumni Relay Race (4 x 100 M). I confirm my child is healthy and physically fit and I give consent for my child to participate in the race. LLCST shall not be liable for any damages, injuries or death incurred as a result of participation including those resulting from acts of negligence, ill health or poor physical condition. I agree, on behalf of my child to comply with all the rules set by LLCST.

Name of Alumni: _____

Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Contact number of Parent / Guardian: _____

Date: _____