## 胜 Awaken Souls

## Toronto CCM 多倫多中信中心



## The Awaken Souls 甦靈男人事工 合辦

## 2018 男仕緩步跑研習班 (VI)

`Name:	*Mobile Phone:
	(For Contact & WhatsApp Communication Purposes)
*Emergency Ctc Name	*Contact No:
*Email:	Church affiliation/Religion
Please check: (I) Elementary with	no or little running (II) Advanced (see poster)
SAFETY AND MEDICAL WAIVER	
	events may be a potentially hazardous activity. In ly able and properly prepared. I acknowledge that Invelled being.
Ministry/Toronto CCM concerning my ability risks associated with the Event; including bu	of volunteer(s) or representative(s) of Awaken Souls to safely participate; (b) I will assume any and all ut not limited to, falls, contact with other persons or onditions; (c) I hereby consent to permit, and accept e event of injury or illness.
	yself waive and release Awaken Souls d representatives from present and future claims own, arising out of our participation in this Event or
against Chinese Christian Mission of Canada	, successors and assigns hereby waive all claims and Toronto CCM Centre, its directors, staffs, ght suffer in this event. I attest that I am physically
By checking the box here, I	acknowledge,
Check box* understand and agree to the terms of t	Write your name here <sup>*</sup> this Waiver.
*SIGNATURE:	*DATE SIGNED:
from us in future.	ceive communications, emails, program information r signed, church affiliation/Religion is optional)