

<b>Field Trip to DC: Cherry Blossom Parade &amp; International Spy Museum</b>	Ngày (Date):	<b>Saturday – April 13, 2013</b>
	Thời gian (Time):	<b>8:30 AM – 6:00 PM</b>
	Địa Điểm (Location):	<b>International Spy Museum, Washington DC</b>
	Lệ Phí (Fee):	<b>\$25.00 mỗi người/each person</b>

**Tham Dự Viên (Participant Information)**

Tên Thánh (Baptismal Name):	Tên Gọi (First Name):	Tên Đệm (Middle Name):	Tên Họ (Last Name):
Địa Chỉ (Address):	Thành Phố (City):	Tiểu Bang (State):	Bưu Mã (Zip Code):
Điện Thoại (Phone Number): Home <input type="checkbox"/> Cell <input type="checkbox"/>	Điện Thư (Email): <input type="checkbox"/> Không có (N/A)	Ngày Sinh (Birthday): DD/MM/YYYY	
Tình Trạng Sức Khỏe Cần Biết (Any Health Related Concerns): - Dị Ứng Thức Ăn? Food Allergic? - Những Bệnh khác? Others?			

**Người Liên Lạc Khi Khẩn Cấp (Emergency Contact Information)**

Tên Người Liên Lạc (Name of Contact Person):	Mối Quan Hệ (Relationship with Participant):	Điện Thoại (Phone Number): Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>
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**Tham Dự Viên Ký Tên (Participant's Signature)**

**Chứng Nhận Của Phụ Huynh (Parents' Permission)**

<b>Tham dự viên nếu dưới 18 tuổi phải có sự chấp thuận của Phụ Huynh (Participant under 18 years old must have consent of parent)</b>  Tên: _____ (Full name)  Ký: _____ Ngày: _____ (Sign here) (Date)	<b>Tôi chấp thuận cho con em có tên trên được tham dự chuyến đi (Parental consent for minor to attend the field trip)</b>  Tên: _____ (Full name)  Ký: _____ Ngày: _____ (Sign here) (Date)
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**Phần Ghi Nhận (Official Use Only)**

<b>Registration Number:</b> <input type="text"/> <input type="checkbox"/> Registration Form Completed <input type="checkbox"/> VAP Form Completed  _____ Trưởng Ký Nhận	<b>IMPORTANT!!!</b> <b>Tất cả tham dự viên phải ký đơn</b> <b>Voluntary Activities Participation</b> <b>mới được tham dự chuyến đi.</b>  <i>(All applicants must sign the Voluntary Activities Participation Form before attending the field trip)</i>	Last day to register: <b>April 7, 2013</b>  Mọi thông tin xin liên lạc với Trưởng: Tr. Têrêsa Nguyễn T. Đ. Phương (301) 204-9189 phuongtim_18@yahoo.com
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**THE VIETNAMESE EUCHARISTIC YOUTH SOCIETY IN THE USA  
EASTERN CENTRAL REGION  
ST. ANDREW DUNG LAC CHAPTER**



**VOLUNTARY ACTIVITIES PARTICIPATION FORM**

**ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND  
ASSUMPTION OF POTENTIAL RISK AGREEMENT**

*If Student/Participant is a minor, then parent or guardian must sign. If Student/Participant is an adult, no signature of parent or guardian is required. A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Local Church/Office before a Student/Participant will be allowed to participate in this Activity. STUDENTS/PARTICIPANTS AND/OR PARENTS OR GUARDIANS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS AGREEMENT SHOULD NOT SIGN THIS AGREEMENT, AND WILL NOT BE ALLOWED TO PARTICIPATE.*

I, the undersigned (*print name*) \_\_\_\_\_ ("*Student/Participant*") wish to attend the **Cherry Blossom Festival Field Trip** of the Vietnamese Eucharistic Youth Society in the U.S.A. (VEYS) held on April 13, 2013 in Washington, District of Columbia (hereinafter "*Activity*"). IF UNDER 18 YEARS OF AGE, my parent or guardian authorizes my participation in this activity.

I understand and acknowledge that this Activity may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity.

I understand and acknowledge that in order to participate in this Activity I agree to ASSUME ALL LIABILITY AND RESPONSIBILITY for any and all potential risks, injuries, or even death which may be associated with participation in such Activity. I represent and warrant that Student/Participant is mentally and physically fit, capable, able, and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the VEYS, its trustees, employees, agents, coaches, teachers, volunteers, or representatives shall not be liable for any injury/illness suffered by Student/Participant which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless VEYS, VEYS' governing board ("*Board*"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability arising out of or in connection with Student/Participant's participation in this Activity, including all related activity such as games, practices, training activities, trips and related exercise. For purpose of this RELEASE, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns may have against VEYS, Board, and their trustees, employees, agents, coaches, teachers, volunteers, and representatives because of Student/Participant's personal, physical or emotional, injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity that may result from any cause including but not limited to VEYS', Board's, trustees', employees', agents', coaches', teachers', volunteers', or representatives' own passive or active negligence or other acts other than fraud, willful misconduct or violation of the law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand the potential dangers incident to engaging in the Activity, am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

Student/Participant's Signature: \_\_\_\_\_ ✍

Date: \_\_\_\_\_

*(If under 18 years of age, the parent or guardian of the student must sign the agreement)*

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ ✍

Date: \_\_\_\_\_