



School-Sponsored Events Permission Form

The Primacy Collegiate Academy
2015-2016 School Year

Student's Name _____ Date _____

Parent/Legal Guardian's Name (s) _____

Permission

I give permission for the above named child to participate in any and all Academic Calendar events, both school-required and optional, during the 2015-2016 school year. I understand that the event information will be updated and available for my viewing on Primacy's website (at: www.tpca.tp.edu.tw) and additional details may be provided through letters from the school as well as by my calling the school staff (at: 02-8866-4000). I understand that many of these field trips and extracurricular activities will be off-campus and may include school-arranged transportation to/from an event.

Liability Waiver

I give permission and authority to the Primacy faculty and staff to seek medical attention for my child in the event of an emergency. Furthermore, I agree to release The Primacy Collegiate Academy and its employees and volunteers from any and against any and all liability, loss, damage, claims, or actions (in accordance with the full terms of the Liability Waiver and Assumption of Risk Agreement on file at Primacy) which my child may have arising out of my child's participation in these trips/events.

Behavior Expectation

I understand that my child is expected to follow all school rules and act in a safe and orderly manner at all times of this trip, and is expected to follow all reasonable requests of the trip supervisors. I understand that my child's participations in these activities may be terminated for failure to comply with these, or if the student is deemed to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the field trip as a whole. If my child's participation in this activity is terminated, they will be sent home at the parents' expense and only the unused portion of any financial contribution may be considered for refund.

By signing this, I confirm that I have read these terms, guidelines, and expectations and that I understand and agree to them.

Parent/Guardian Signature: _____ Date _____



學校年度行事曆之各項活動參加同意書

The Primacy Collegiate Academy
2015-2016 學年

學生姓名：_____ 日期：_____

家長/法定監護人姓名_____

同意

我同意於2015-2016學年裡准許上列姓名之未成年孩子參與所有學校行事曆上已排定之必須要參與或是自由參加的各項活動。我瞭解可以從學校的網頁 (www.tpca.tp.edu.tw) 獲得活動的相關資訊與最新消息，此外有時學校也會以信函的方式向我提供個別活動的細節，同時如果我想要對活動內容瞭解更多的話，也可以隨時以電話（學校總機號碼：02-8866-4000）與學校職員聯繫。我瞭解很多的校外教學與課外活動都會在學校以外的地方進行，甚至需要由校方來安排往 / 返的交通工具。

免責聲明

本人授權及准許Primacy的所有教職員在緊急狀況時幫我的小孩尋求醫療照護處置。此外，我同意對於這些在我小孩所參與的活動或旅行中所發生的任何主張、傷害、損失、責任或處理行為（依據所有的免責聲明與本校建檔的風險管理假設）放棄對Primacy及其教職員與志願工作人員之法律追訴權與求償。

行為要求

我瞭解我的小孩在校外教學旅行中，隨時都必須遵守學校的規定，同時在行為舉止方面需注意安全與維持應有的禮貌，並且需要遵守帶隊指導老師的指導要求。我明白如果我的小孩在參與校外教學活動時，如果不遵守校規，有不利於或不適合等破壞該校外教學活動規定的行為表現時，將會被中途取消參加該活動的權利。如果我的小孩被中途取消參加該活動的權利，其父母將會被要求負擔遣送回家的費用，若有繳交任何活動相關的經費，事後只有實際未發生的部分才有可能考慮准予退還。

在簽署這份文件時，我已經詳讀以上規定、條例及要求標準，同時我也瞭解並同意以上所述。

父母/法定監護人簽名： _____ 日期： _____