

Declaration Form

- **CANCELLATION:** (1) I understand that once accepted by the 2017 NCUE Summer Camp, I must give fourteen (14)-day notice, prior to the camp start date, of my intention to cancel. If no notice is given, I agree to pay the camp fee in full. (2) Also, no make-up class will be held and no refund will be offered for class suspension due to force majeure or natural disasters such as typhoons earthquakes. (Course cancellation will follow the announcements by the Changhua County Government.)
- **PARTICIPATION AND MEDICAL EMERGENCIES:** (1) I grant permission to participate in all activities, except as indicated under 'Medical History', and I understand that NCUE provides no health insurance or medical coverage and that the signing of this form acknowledges my responsibility for payment of any medical treatment which may be required while I am participating in the 2017 NCUE SUMMER CAMP. (2) I further grant permission for NCUE or its representatives to procure any and all necessary medical help while I am under the supervision of NCUE and authorize NCUE or its representatives to permit any competent medical person to take all reasonable measures to treat any injury or sickness that I may suffer from.
- **RELEASE:** By signing this form I release all members of NCUE staffs and any other party involved in the organization and administration of NCUE from any liability as a result of any injury sustained during the 2017 NCUE SUMMER CAMP. I grant permission for any and all photographs and video taken at NCUE to be gratuitously used by NCUE or its representatives in displays or for advertising purposes.
- **PRIVACY:** NCUE requires an applicant to provide personal data including e-mail address, mailing address and telephone number in connection with participating in the 2017 NCUE SUMMER CAMP. All such personal data is subject to protected under laws and regulations.
- **ACCEPT OR REJECT:** NCUE reserves the right to accept or reject an application for 2017 NCUE SUMMER CAMP at its sole discretion without assigning any reason. Subject to the application form being duly and correctly completed and provided there are no queries to be raised by NCUE in connection with the application.

BY SIGNING BELOW, YOU CERTIFY THAT YOU HAVE READ THIS AGREEMENT, THAT YOU KNOW AND UNDERSTAND THE MEANING AND INTENT OF THIS AGREEMENT AND THAT YOU ARE ENTERING THIS AGREEMENT KNOWINGLY AND VOLUNTARILY.

Signature: _____

Date: _____

Parent/Guardian's signature: _____

(If the applicant is under 20 years old)

Applications cannot be accepted without a signature.

