



胜者教育（美国）

医疗授权&承担风险&赔偿协议



我将我的孩子交给胜者指挥官训练营，我同意以下声明：

一、 医疗授权

- 如遇紧急医疗情况，我同意让负责照顾我孩子的工作人员住院陪伴，并/或聘请执照医生、外科医生或麻醉师为我的孩子提供本表格所列的所需护理。
- 我保证我的孩子身体健康，能够参加整个夏令营项目的活动，但以下列出的活动除外：

- 我的孩子可以参加由营地工作人员领导的所有营地活动，包括计划内的和计划外的，但以下情况除外：

- 我还允许营地工作人员根据需要实施急救和使用非处方药，如泰勒诺或苯那君。
- 我明白并同意，我将负责为子女提供医疗照顾的一切开支。

二、 风险承担与赔偿协议

- 我知晓，在胜者指挥官营地的某些活动期间，以及任何其他户外活动中，都可能存在与此相关的固有风险。
- 这些项目包括但不限于军事类的健身活动、跑步、仰卧起坐、接力赛、攀绳、轮胎训练、障碍训练，水上作业、游泳、徒步旅行、挑战训练、团队建设训练、游戏以及营地所有其他相关活动。
- 我明白任何活动的风险和伤害都是重大的，包括可能导致永久残疾和死亡，虽然有特定的防护设备和个人纪律规定来降低风险，但是发生严重的伤害的风险确实存在。
- 我明白并自愿承担所有已知和未知的风险，即使这些风险是由那些负责人员的疏忽引起的，并对我孩子的参与承担所有责任。
- 我本人、我的孩子、我的继承人、我的私人代表和我的近亲在此免除胜者指挥官营地，胜者教育美国公司，他们的高级人员、官员、代理人及/或雇员(被负责人)的责任并使其不受损害，包含任何及所有因被负责人的疏忽或其他原因而引致的人身或财产的伤害、伤残、死亡、损失或损毁。
- 本协议的条款将作为对我的继承人、遗嘱执行人和管理人、以及我所有的家庭成员的风险和赔偿的免除



和承担。我同意上述未成年人参加胜者指挥官主办的活动，并承担上述一切风险。

7. 我授权为我孩子提供健康护理以及提供任何指定的健康护理的工作人员讨论我孩子的健康问题和/或交换与此表格有关的资料。(此授权书将一直有效，直至或除非您撤回授权书。您可以随时与胜者指挥官营地的工作人员联系，撤销您的授权。)
8. 我授权胜者指挥官营地的工作人员作为我的孩子的监护人，并在我的孩子在胜者指挥官营地期间，就我的孩子的安全做出任何必要的决定。

我已阅读本协议，完全理解其中条款，我明白我已因签署本协议而放弃实质权利，并在无任何诱因的情况下自愿自由签署本协议。

孩子姓名: _____

父母/监护人签字:

日期:



Victor Education USA

Medical Authorization &
Assumption of Risk &
Indemnity Agreement



**By registering my child at Victor Commander Camp, I am
agreeing to the following statements:**

MEDICAL AUTHORIZATION

In case of medical emergency, I hereby give my permission to have the staff member in charge hospitalize my child and/or secure a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this form.

I certify that my child is in good physical health and able to participate in the entire camp program activities, except for the activities listed as restricted below.

My child has permission to participate in all camp activities led by camp staff, planned and unplanned, with the exception of:

_____.

I further give permission to the camp staff to administer first aid and non-prescription drugs, such as, Tylenol or Benadryl, as needed.

I understand and agree that I will be responsible for any and all expenses associated with providing medical care for my child.

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I am aware that during certain events and activities on Victor Commander Camp property, there may be inherent risks associated with this, as well as any other outdoor activities.

These events include, but are not limited to, military style physical fitness activities, running, push-ups, sit-ups, relay racing, rappelling, tire drills, obstacle courses, water operations, ropes courses, swimming, hiking, challenge courses, team building exercises, games, and all other camp related activities.

I understand the risk and injury from any activity is significant, including the potential for



permanent disability and death, and while particular protective equipment and personal discipline will minimize the risk, the risk for serious injury does exist.

I knowingly and freely assume and acknowledge all such risks, both known and unknown, even if arising from the negligence of those persons released from liability and assume full responsibility for my child's participation.

I, for myself, my child and on the behalf of my heirs, personal representatives and next of kin, hereby release and hold harmless from liability Victor Commander Camp and Victor Education USA Corp, their officers, officials, agents and/or employees (releasees), with respect to any and all injury, disability, death, loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.

I understand and agree that this Release of Liability Agreement covers each and every activity and event in which my child may participate in.

The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISKS and INDEMNITY for my heirs, executors, and administrators and for all members of my family. I give permission for said minor to participate in events and activities sponsored by Victor Commander Camp and accept all risks as stated above.

I authorize my child's health care provider and any designated provider of health care to discuss my child's health concerns and/or exchange information pertaining to this form.
(This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting Victor Commander Camp staff.)

I authorize the Victor Commander Camp staff to act as a "guardian" of my child and make any decisions as necessary relating to my child's safety and well-being during my child's duration at the Victor Commander Camp.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Child's Name: _____

Parent's or Guardian's Signature(s):

_____	_____
_____	_____
_____	_____