



CHARLES B. WANG
COMMUNITY HEALTH CENTER
王嘉廉社區醫療中心

125 Walker Street, New York, NY 10013 | phone 212.226.8866 | fax 212.226.2289



I hereby grant permission for my child _____ to participate in the 2010 Teen Pregnancy Experience (TPE), an activity sponsored by the Teen Resource Center (TRC). The mission of the TRC is to provide information and support to the Asian American adolescent population through health education, youth programs and activities, and referrals.

I understand that the TPE will take place at the Charles B. Wang Community Health Center and other local venues. My child will be asked to commit to 6 days of participation (August 9-14 2010, times may vary) and to follow TPE rules and regulations.

I understand that my child's participation in TPE is voluntary. I agree to assume the risk associated with participation. I agree to hold the TRC and the Charles B. Wang Community Health Center, their employees, agents, volunteers and representatives harmless from any and all liabilities, actions, causes of actions, claims or demands which may arise in connection with my child's participation in the TPE.

A \$20 security deposit is necessary from all selected participants and will be returned upon successful completion of this challenge. The infant simulators are the property of the Teen Resource Center/Charles B. Wang Community Health Center. If Baby is abused, damaged, or lost while in my child's care, I may be held responsible for repair or replacement costs of up to \$500.

I also give consent to the TRC to use any photograph, video pictures, recordings or any other record of my child's participation in TPE for any legitimate purpose without compensation. I have fully read the above permission and releases, understand them and agree to them. I also certify that my child is physically able to participate in the activity, which will require walking to several locations outdoors to search for the items.

Signature of Parent/Guardian (if 17 years old or younger): _____

Relationship of the Guardian to the Child _____

Signature of Participant (if at least 18 years old): _____

Date _____



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本人特此允許本人的子女 _____ 參與由青少年資源中心舉辦的“青少年懷孕的經歷”活動。青少年資源中心的使命是透過健康教育、青少年計劃及活動，以及轉介服務，為亞裔青少年提供健康資訊及支持。

本人明白“青少年懷孕的經歷”活動將在王嘉廉社區醫療中心及其它地點舉行。本人的孩子將參加為期 6 天 (2010 年 8 月 9 日至 14 日，活動時間待定) 的活動，並遵守“青少年懷孕的經歷”活動的要求與規定。

本人明白本人子女是自願參與“青少年懷孕的經歷”活動，並同意承擔所有參與此活動的風險。本人同意王嘉廉社區醫療中心及青少年資源中心，及其員工、代理人、義工和代表不用承擔本人子女在參與“青少年懷孕的經歷”活動時可能引起的任何事故，並放棄追究責任、索償或任何要求的權利。

每個參加者需要繳交 \$20 保證金，保證金將會在體驗完成後交還。嬰兒模擬訓練裝置是王嘉廉社區醫療中心之青少年資源中心的財物。若嬰兒模擬訓練裝置在我的青少年照顧時有被濫用、破壞、或遺失，我可要負責支付維修或償還高達 \$500。

本人同意王嘉廉社區醫療中心青少年資源中心在合法及非牟利的情況下無償使用本人子女參與“青少年懷孕的經歷”活動的所有過程中的照片、錄像影像、錄音或任何其他記錄。本人已詳細閱讀並明白和同意上述關於允許及發放的内容。本人亦證明本人子女的健康狀況適合參與此戶外步行到多處地點尋找物品的活動。

家長 / 監護人簽名 (如果參加者年齡為 17 歲或以下) : _____

與孩子的關係 : _____

參加者簽名 (如果參加者已經年滿 18 歲) _____

日期: _____