



加拿大糖尿病協會多倫多華人分會

「營聚健康」系列講座 之 五穀良食

營養師現場講解五穀雜糧與健康飲食。名廚現場示範，教大家如何烹調美味又健康的五穀美食。本次講座將提供前菜、主菜、和甜點各一份。您不僅可以品嚐到所有菜式，還可以獲得食譜一份，供您回家嘗試。

講座日期 : 2016年8月13日 (星期六)

時間 : 下午2:00 - 4:00

講座語言 : 廣東話

講座費用 : 每位 \$ 25.00

地點 : 華諮處 (Centre for Immigration and Community Services) - 中心內的「社區廚房」
2330 Midland Avenue, Toronto, Ontario, M1S 5G5
(Between Sheppard Ave E. and Progress Avenue At the corner of Emblem Court)

截止報名日期：2016年7月29日。名額有限，欲報從速。

注意事項

- 是次課程只限18歲以上的會員報名。如果您為非會員但有興趣參加本課程，請填寫會員申請表，並隨報名表一併寄回本分會。

報名詳情

如欲查詢有關課程資料，請致電加拿大糖尿病協會多倫多華人分會（電話：416-410-1912）。

- 報名支票抬頭請填上： Canadian Diabetes Association - Toronto Chinese Chapter
- 報名表格連同支票須於2016年7月29日前寄回本分會；地址為：
Canadian Diabetes Association - Toronto Chinese Chapter
PO Box # 42071
2851 John Street, Markham, Ontario L3R 5R7
- 每位參加者必須於報名表上簽妥「免責聲明」，並附上聯絡資料。
- 本會將於2016年8月7日前以電話聯絡閣下，以通知作實。一經確定，恕不退款。如閣下於此日期前尚未收到通知，請即與本分會聯絡。
- 若您想申請成為會員，請登入本分會網站 www.diabetes-chinese.ca 下載會員申請表格，填妥後連同「營聚健康」系列講座的報名表格及支票一併寄回本分會辦理。

姓名 (全名)	會員號碼	新會員 (✓)	住址或電郵地址	聯絡電話
參加人數:				支票總額: \$

* 新會員請另外填寫會員申請表，連同此報名表一併寄回本分會。

免責聲明

根據加拿大法律規定，「免責聲明」必須以英文書寫。以下為英版的「免責聲明」。

THIS AGREEMENT is made by the undersigned (which shall bind his heirs, assigns and personal representatives) in favour of Canadian Diabetes Association – Toronto Chinese Chapter and all its committee members, advisors, officers, agents, employees, volunteers, sponsors and patrons (hereinafter collectively called the “Association”).

NOW BY THIS AGREEMENT:

1. In consideration of the Association accepting the undersigned as its member/visitor, the undersigned hereby COVENANTS with the Association that the undersigned shall waive all his right and claims against the Association for damages or otherwise with regard to his injury, illness or death or loss or damage to his property that may arise from participating or in connection with any activities organized by the Association including but not limited to qigong class or practice, outings and social functions such as karaoke singing and shall further keep the Association fully and effectually indemnified against all actions, proceedings, accounts, claims or demands (and all costs and expenses incurred in connection therewith) which may be brought or made or threatened to be brought or made by the undersigned or any person relating to the aforesaid.
2. The undersigned agrees that he will consult his own physician and obtain such necessary medical advice as may be appropriate before joining any activities of the Association.
3. For the purposes of this Agreement, (where the context permits) any gender shall mean and include all other genders and the singular shall mean and include the plural and vice versa.
4. The undersigned confirms that he has read and fully understands the contents herein and has obtained appropriate legal advice upon the request of the Association to consult his own lawyer before signing this Agreement.

Dated: (日期)	_____	Print Name: (正楷姓名)	_____	Signed: (簽名)	_____
Dated: (日期)	_____	Print Name: (正楷姓名)	_____	Signed: (簽名)	_____
Dated: (日期)	_____	Print Name: (正楷姓名)	_____	Signed: (簽名)	_____