云南省老乒协自愿活动安全责任同意书

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| 活动名称 |  | | | | |
| 时间地点 |  | | | | |
| 免责声明 | 我本人身体健康自愿参加协会组织的各类活动，自担责任自甘风险，自己购买活动期间的人身意外伤害保险，活动期间发生的安全及其他任何问题（法律诉求）全部由我本人和本人亲属负责，活动主办方概不承担任何责任。签字视为同意。 | | | | |
| 参赛单位 |  | | 领队及电话 |  | |
| 姓名 | 性别 | 身份证号或手机号 | 活动项目 | 本人签字 | 家属签字 |
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单位盖章： 填表日期：