

High School Winter Retreat “I See You” 2018

_____ (student's name) has my permission to attend the high school retreat at First Presbyterian Church of Fort Lauderdale.

The dates of the retreat are: January 12-14th 2018

So that we have no misunderstanding before we depart, please read and sign the attached forms.

To all participants:

1. Your demeanor, attitude, appearance, dress and behavior shall be indicative of the fact that we are a church group **and ambassadors of First Presbyterian Church.**
2. If you bring, obtain, or consume any illegal drugs, alcohol or tobacco, your trip is over. All bags are subject to random searches. No questions, no excuses, no threats -- just fact. **Violation of this rule could jeopardize future travel and/or college scholarships with First Presbyterian Church.**
3. There will be curfews and each person will be expected to stay in their assigned sleeping areas.
4. Each person is expected to respect the property and belongings of others.
5. We can't list every potential offense. So use common sense when deciding your actions. The final word on all disciplinary actions taken will lie with the chaperones.

Financial Responsibility

I accept the financial responsibility of any damage caused by my son/daughter if it is determined the damage was caused maliciously or intentionally, or as a result of disobeying the rules of the trip.

I hereby agree that the participant will abide by the rules and regulations stipulated by First Presbyterian Church. If said participant does not abide by said rules and regulations, **I agree to pay all costs necessary to transport participant home.**

Participant's signature _____

Parent's signature _____

Medical Release

I, _____ the undersigned, affirm that the participant, _____ has permission to participate on our trip.

I hereby release First Presbyterian Church, its staff and chaperones from any and all claims, judgments, costs of expenses arising out of injuries or harm which may be incurred by participant while traveling on this trip.

If during this trip it is the opinion of the staff or chaperones to seek medical/hospital consultation or treatment of a participant, I hereby authorize such consultation/treatment as deemed necessary. I authorize the medical provider to directly bill our insurer.

Parent(s) Signature / Date

Please list any medications your child takes, both over-the-counter and prescription and why they take them.

Please list any allergies to medicines and/or foods your child has.

Are there any health issues you need to let us know about that would be helpful to the chaperones?

Name of Insurance Company:

Name of Employer: _____

Policy Number: _____

(Please provide us 2 copies of your child's insurance card)

EMERGENCY INFORMATION

Name of Participant _____

Address: _____

Home Ph.#: _____ Mom's Cell # _____ Dad's Cell # _____

Father's Name: _____ Work Number: _____

Mother's Name: _____ Work Number: _____

ADDITIONAL EMERGENCY PARTY:

Name _____ Phone: _____

Relationship: _____

Parent's Alternative Address/Phone

Parent or Guardian: If you know that you will be out of town during any portion of the trip, please indicate below the phone number and address at which you can be reached should an emergency arise.

Name of Parent or Guardian: _____

Date(s) during which you will be at address below: _____

Address: _____

Phone(s): _____

Consent to Photograph, Video, Audio Recording, and Release to media

I authorize **First Presbyterian Church of Ft. Lauderdale Florida, Inc.** and its agents and various media outlets, collectively called "the church" to use photographs, videos, and audio recordings, of my child as it relates to news, advertising/marketing, and public relations for the church.

Print name of student: (first and last)

I understand that the releasing of this information is being carried out with my consent and permission, that "the church" will own the images and recorded sounds, and I release "the church" from any and all liability to anyone as a result of the use of the images and/or sound for news, advertising/marketing, and public relations purposes. I understand that this release shall be governed by Florida law.

Signed by Parent or Guardian _____

Print Name: Parent or Guardian _____

Date: _____

Identifiers (clothing, color, etc.): _____

VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY

1. Voluntary Participation: I acknowledge that I have voluntarily applied to participate in a *Rebuilding Together Broward County Project* (the "Project"). I understand that as a volunteer I will not be paid for my services.
2. Assumption of Risks: I am aware that by participating in the project, I may be exposed to personal injury, death or damage to my property as a result of my activities, the activities of other volunteers or the conditions under which my volunteer services are performed. With knowledge of these risks, I agree to accept any and all risks of personal injury, death or damage to my property, and I verify this statement **by placing my initials here (online registration)**.
3. Medical Treatment: Volunteer does hereby release and forever discharge the Rebuilding Together Broward County Parties from any claim whatsoever which arises on account of any first aid, treatment or service rendered in connection with the Volunteer's work on the Project.
4. Insurance: Volunteer understands that Rebuilding Together Broward County does not carry or maintain health, medical or disability insurance coverage for any Volunteer. **Each Volunteer is strongly encouraged to have adequate medical or health insurance coverage in effect.**
5. Release: In consideration of the opportunity afforded me to participate in the Project, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives, will not make any claim against Rebuilding Together or any of its affiliated organizations, or their officers, directors, or employees, or any suppliers of any materials or equipment that are used during the Project, any of the Project or Rebuilding Together volunteers or sponsors, or any homeowner participating in the Project, for injury, death, or damage resulting from the act or omissions of any person or entity, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release my rights, actions or causes of action resulting from personal injury to me or my death, or damage to my property, sustained in connection with my participation in the Project; provided, however, that the injury, death or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent. If I am less than 18 years of age, my parent or guardian waives and releases these rights on my behalf.
6. I further consent to the unrestricted use by Rebuilding Together and/or any person authorized by them of any photographs, recordings, interviews, social media promotion, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Project.
7. Knowing and Voluntary Execution: I have carefully read this agreement and fully understand its contents. I am aware that this is a contract and a release of liability between me and Rebuilding Together, and I sign it of my own free will. By signing this agreement, I certify that I am eighteen years of age or older or if I am under 18 years of age that I have the consent, waiver and agreement of my parent or guardian as evidenced by his/her signature below to participate pursuant to the above agreement, release and waiver.

Volunteer Signature (**SIGNATURES NOT NEEDED IF REGISTERED ONLINE**) _____

Volunteer Name (**Print**) _____ **Volunteer Age (if under 18)** _____

Volunteer Information _____
 Street _____ City, State Zip _____ Phone _____

[IF VOLUNTEER IS A MINOR, PARENT/GUARDIAN SIGNATURE IS REQUIRED]

I represent and warrant to Rebuilding Together that I am the parent or legal guardian of _____, the minor named above. The above named minor has my permission to participate in the Project. I have read and understand the terms and conditions of the Volunteer's Agreement and Release. On behalf of such minor and myself, I agree to all of the terms and conditions of the Volunteer's Agreement and Release.

*Volunteers under the age of 18 must be at least 10, accompanied by a parent or guardian and can only perform select duties on the worksite.

Parent/Guardian Signature: _____ Date: _____