



**Event Name:**

**Event Date:**

**General Information:**

<b>Participant Name:</b>	<b>Parent/Guardian:</b>
<b>Home Address</b>	<b>Parent's Telephone Number:</b>  <b>Daytime phone if different:</b>
<b>Gender:</b> ____ Male or ____ Female  <b>Date of Birth:</b>  <b>Current Grade:</b>	<b>Home Parish:</b>  <b>Friend of:</b>
<b>Emergency Contact #1:</b>  <b>Relationship to Participant:</b>  <b>Phone number:</b>	<b>Emergency Contact #2:</b>  <b>Relationship to Participant:</b>  <b>Phone number:</b>

**Medical Information:**

<p>Please list all medical conditions, medications, allergies, restrictions to activity &amp; pertinent past medical treatment. Use back/additional sheets as necessary.</p>
<b>Date of last tetanus shot:</b>
<p>Place all participants medications in a bag along with administrative instructions. with the child's name on the outside. All medications are <u>required</u> in their original bottle.</p>

## Insurance Information:

Is the participant covered by a insurance plan?  ___Yes ___ No	Carrier/Plan Name:
Group Number:	Name of Insured:
Insurance Address:	Insurance ID number:
Please attach a copy of your insurance card, front & back.	

### Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by Saint Paul's to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for my child. In the event of an emergency and an effort to reach me fails, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the participant named above.

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Permission for Photo Release:

I give my consent for photographs, audio/ video recordings of my child taken during a Saint Paul's youth event to be used by the Saint Paul's for its promotion, website and news media including but not limited to newsletters, bulletins, videos, and websites. We will not identify any person or persons in a picture without a parents permission.

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Community Covenant:

I agree to abstain from the use of alcohol, tobacco, illegal substances, unauthorized prescription medications, and weapons. I will have no inappropriate physical contact with others, will refrain from sexual conduct, and will wear appropriate clothing at all times. I will not strike or hit anyone or anything at any time. I will limit my use of cell phone to emergencies and contacting parents during this event. I will fully participate and be on time. I will not belittle or humiliate others and will maintain a Christ-like attitude. I promise to be respectful to all adult leaders and abide by all rules.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Accident Waiver & Release of Liability:

### Permission to Provide Necessary Treatment or Emergency Care:

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATION AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

I WAIVE, RELEASE, AND DISCHARGE from any and all liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this Episcopal Diocese of Georgia/Saint Paul's Church activity from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that this activity or event may involve risks caused by terrain, facilities, temperature, and weather condition of participants, equipment, vehicular traffic actions of other people and lack of hydration.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Name of event: \_\_\_\_\_

Full name of participant \_\_\_\_\_

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_