

**THE EPISCOPAL DIOCESE OF UPPER SOUTH CAROLINA
MEDICAL & CONGREGATION RELEASE FORM**

Parent/Guardian Release of Liability and Assumption of Risk Agreement

Please make sure all highlighted areas are complete.

(Adult Participants should also complete this section)

Name of the Event

Date of the Event

(full name of participant), has my permission to attend the above named event. I understand that all reasonable safeguards will be taken but that the Episcopal Diocese of Upper South Carolina, Gravatt Camp and Convention Center, and the leaders of these events are not responsible for any accident, illness, injury, or damage or consequence resulting from participation in the events, unless such accident, illness, injury or damage results from the gross negligence or wanton misconduct by or on behalf of the Episcopal Diocese of Upper South Carolina, Gravatt Camp and Convention Center and/or the leaders of the events.

I KNOWINGLY AND FREELY ASSUME ALL RISKS OF ACCIDENT, ILLNESS, INJURY OR DAMAGE, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE PERSONS OR ENTITIES RELEASED FROM LIABILITY IN THIS DOCUMENT, BOTH FOR MYSELF AND ON BEHALF OF THE PARTICIPANT WHOSE NAME APPEARS ABOVE.

I, FOR MYSELF AND ON BEHALF OF THE PARTICIPANT WHOSE NAME APPEARS ABOVE, HEREBY RELEASE AND HOLD HARMLESS THE EPISCOPAL DIOCESE OF UPPER SOUTH CAROLINA, GRAVATT CAMP AND CONVENTION CENTER, AND THE LEADERS OF THESE EVENTS, THEIR EMPLOYEES, AGENTS, OFFICERS AND DIRECTORS ("RELEASES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT.

In case of medical emergency, I (the adult participant) _____

or I (the parent or legal guardian of _____, a minor,) hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

I understand that Diocesan children and youth retreats are often held at camps and conference centers that have open air cabins and tents and are located near wooded areas. Therefore, temperatures can be extreme, and campers are subject to insect bites, spider bites, and insect-borne illnesses. In order to prevent such bites and illnesses, I agree to send my child with clothing that reduces skin exposure and insect repellent. I also agree to teach my child the importance of always wearing this repellent and its proper application.

I understand that this this release is valid until revoked by those persons who have signed it. I understand that I sign this release in my own capacity and in a representative capacity on behalf of the minor child.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: _____ Adult Participant or 1st Parent/Guardian Signature _____

Date: _____ 2nd Parent/Guardian Signature _____

Date: _____ Witness' Signature _____

(OVER)

Birthdate of Participant: _____ Date of last tetanus shot: _____
 Family Physician: _____ Phone: (_____) _____ - _____
 Family Dentist: _____ Phone: (_____) _____ - _____
 Insurance Company: _____ Policy #: _____
 Name of policy holder: _____ Ins. Co. Phone: (_____) _____ - _____
 Any food or drug allergies: _____
 Special Needs: _____
 Medical Diagnoses or Medication: _____
 Do adult leaders have permission to dispense Tylenol, Advil or other over-the-counter medicines?
 Except _____
 If I cannot be reached, please contact the following person to make medical decisions: _____
 Phone: (_____) _____ - _____ Relationship: _____

Please check the medications that your minor youth may receive from an American Red Cross First Aid Certified adult or licensed medical professional:

- Acetaminophen (Tylenol), Ibuprofen (Motrin), Naproxen Sodium (Aleve),
- Antihistamines (Benadryl), Decongestant (Sudafed), Antacids (Maalox),
- Sore throat spray (Chloraseptic), Cough Lozenges (Halls Cough drops),
- Cough medicine (non-narcotic like Delsym), Anti-diarrhea medication (Imodium),
- Basic non-invasive first aid (disinfecting creams, topical ointment, sunburn lotion)

Please certify that your child is able to participate in the following activities by placing a check by all that apply:

- Swimming (Lifeguard will be on duty) Playing field games (May include running, jumping etc.)
- Hiking Kayaking/Canoeing
- Low Ropes Working with power tools (i.e. electric screwdrivers, drills)

Please list any additional activities in which your child should **NOT** participate: _____

Please Print Emergency Contact Name and Best Contact Phone Number:

Emergency Contact Name & Best Phone Number

Participant Contact Information

(This section to be completed by ALL PARTICIPANTS – Please Print or Type)

Participant's Full Name: _____

Participant's Street Address: _____

City, State & Zip Code: _____

Participant's Cell Phone: _____ Participant's Home Phone: _____

Participant Email Address: _____

Participant's Congregation: _____

Emergency Contact Name: _____

Emergency Cell Phone: _____ Emergency Home Phone: _____

Adult Participant SAFE Church Certification

(This section is to be completed by the congregation's rector or youth minister for adult participants only)

With regard for the Safe Church Policies adopted by the Diocese of Upper South Carolina that help protect children and youth from sexual abuse through awareness, training, and prevention, all adults participating in youth events are required to take Safe Church training every 5 years and submit to a criminal sexual background check every year. Please indicate the dates of your most recent Sexual Abuse Prevention Training and background checks below including the name, address and phone number of the church office where records of your training and background check are on file. A signature from your rector, priest-in-charge, warden or youth minister is required to indicate that you have completed the required training and your background check was satisfactory for ministry with minors.

Adult Participant's Printed Name: _____

Congregation Name: _____ Congregation Phone #: _____

Congregation Address: _____

Date of SAFE Church Training: _____ Date of Background Check: _____

Printed name of Youth Minister/Rector: _____

Signature of Youth Minister/Rector: _____ Date Signed: _____

(OVER – Youth Ministry Community Covenant)

Youth Ministry Community Covenant

Non-Negotiables

1. I will not bring or use alcohol, illegal drugs or tobacco products of any kind.
2. I will respect the property, needs and integrity of others; personally, sexually and racially; and agree not to participate in bullying or any inappropriate sexual or violent behavior.
Bullying will be addressed as follows:
 - 1st time offense – Small group leader speaks to the bully and informs the adult in charge.
 - 2nd time offense (in a school year) – Spiritual Director speaks to the bully and informs the adult in charge.
 - 3rd time offense (in a school year) – Parents are called and bully is sent home.
3. I will not bring or use firearms, explosives, knives or fireworks.
4. I will not misuse or willfully damage the property of others or the facility or grounds of the host site.

Expectations

1. I will be present for the entire event and participate fully in all scheduled activities including community chores.
2. I will not leave the host site or prescribed boundaries without the permission of an adult advisor.
3. I will respect and abide by the schedule and expectations of the design team regarding curfew, quiet times, sleeping areas and equipment use.
4. Once arriving at the event my vehicle will be locked and parked in a designated area for the entirety of the event.
5. I will only use electronic devices during free time and when it is not disruptive to the community, this includes cell phones and iPods, etc.
6. I will bring an openness to grow in faith, meet new people and have fun.

I understand that the above agreements are designed to make this the best and safest event possible. I promise to adhere to these non-negotiable regulations and expectations while I am a participant at this event. I understand that if I choose to break the non-negotiables at any time during the event I will be removed from the community, my parents will be called and I will be sent home at my own expense. If I choose to break expectations of the event, the design team and adult leaders will determine appropriate consequences, keeping in mind that we are ***Making, equipping and sending mature Disciples of Christ***

Recording Release

I release the Diocese of Upper South Carolina and Gravatt Camp and Convention Center to record my/ my child's likeness, via still photo, video, or audio recordings; for use as promotional material for the diocese. I understand that these recordings may be edited at the discretion of the diocese, and that they may be published in promotional videos, brochures, diocesan newspapers, and diocesan websites. I hereby waive all rights to compensation for the use of these recordings.

Participant's Printed Name _____

Participant's Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____