

**The Episcopal Diocese of Upper South Carolina**  
**Medical and Recording Release Form**

Release of Liability and Assumption of Risk Agreement

\_\_\_\_\_ (full name of youth participant) has my permission to attend the event for which this form has been requested.

I, \_\_\_\_\_ (parent/guardian or adult participant), 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, The Bishop Gravatt Center, any other host location, 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.

I hereby release and hold harmless The Episcopal Diocese of Upper South Carolina, the facility at which the event is held, 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 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 also 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Participant Medical Information

Participant Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of policy holder \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Permission for adult leader to dispense Tylenol, Advil, or other over-the-counter medications to the participant as needed? \_\_\_\_\_ Granted \_\_\_\_\_ Not Granted    Date of last tetanus shot \_\_\_/\_\_\_/\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Are there any activities the participant cannot engage in?

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I hereby certify the above information is correct to the best of my knowledge. Barring any unforeseen changes to the above information, please allow this form to remain current for the duration of the \_\_\_\_\_ academic year. Should any information change, I will take responsibility for completing a new form.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# The Episcopal Diocese of Upper South Carolina

## Community Covenant and COVID Policy

### Non-Negotiables\*

1. I will not bring or use alcohol, illegal drugs or tobacco products of any kind, including vape pens
2. I will not bring or use firearms, explosives, knives or fireworks
3. I will not steal, misuse or willfully damage the property or equipment of others or the facility and grounds of the host site

\*Failure to abide by the Non-Negotiables above will result in contacting my parents and rector of the parish and will result in being sent home at my own expense.

### Bullying, Inappropriate Sexual Behavior or Violent Behavior

I will respect the boundaries, needs, and integrity of others; personally, sexually and racially; and agree not to participate in bullying or any inappropriate sexual or violent behavior.

1st Time Offense\*\* – Small Group Leader notifies adult in charge and the adult in charge and Spiritual Director speaks to the offender.

2nd Time Offense - Parents are called and the youth will be sent home.

\*\*If the 1st offense is deemed severe enough, parents will be called and the youth will be sent home.

### Expectations

1. I will respect and abide by the schedule and expectations of the design team regarding curfew, quiet times, and sleeping areas.
2. I will be present for the entire event and participate fully in all scheduled activities including community chores. As such, I will only use electronic devices during free time and when it is not disruptive to the community; this includes cell phones, gaming consoles, etc.
3. I will not leave the host site or prescribed boundaries without the permission of an adult advisor.
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 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 and the rector of my parish will be called and I will be sent home at my own expense. I understand that if I choose to break the policy on Bullying, Inappropriate behavior or Violent Behavior, I will follow the protocol above. If I choose to break EXPECTATIONS of the event, the adult in charge will determine appropriate consequences, keeping in mind that we are *Making, equipping and sending mature Disciples of Christ.*

## COVID Policy and Protocol

The Diocese of Upper South Carolina recognizes we cannot possibly guarantee an in-person gathering free of COVID transmission; therefore, by reading and signing this agreement, participants and their household assume the risk of possible exposure. We strongly encourage strictly adhering to COVID measures outlined by the Center for Disease Control at any given time, but especially in the two weeks before the event as best as the participant and their household are able, including limiting public activities and close-proximity interactions, mask-wearing, social distancing, and regular testing. If for any reason the participant cannot agree to the following protocols, we reserve the right to deny admittance to the diocesan event. Should any participant show blatant disregard for the following protocols, we reserve the right to send them home.

Throughout the diocesan event, all participants must...

- Disclose confirmed COVID cases of themselves or others in their household or regular circle of interactions, including possible exposures, to the diocese and event leadership.
- Wear a cloth or surgical facial mask at all non-meal times. Gaitors, bandanas, or similar coverings are not acceptable.
- Maintain a distance of 6ft or more from others, especially in closed spaces.
- Wash and/or sanitize hands regularly and thoroughly, and not only at mealtimes.
- Refrain from physical contact except for the case of a medical emergency, in which a designated, vaccinated adult would administer first aid.
- Monitor their activity to ensure they are drinking adequate amounts of water, eating properly, getting the recommended amount of sleep, and abiding by the above procedures.
- Submit to regular health screenings and temperature checks.

I have read, understand, and agree to abide by the health and safety guidelines communicated by the Diocese of Upper South Carolina. I acknowledge the risk to have contact with individuals who may have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, does exist, and it is impossible to eliminate the risk that I/my child could be exposed to and/or become infected through contact or proximity with an individual with a communicable disease.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_