

The Episcopal Diocese of Upper South Carolina
Young Adult Ministry Participant Release Form

Release of Liability and Assumption of Risk Agreement

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, any other host location, 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, any other facility at which events are 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 _____

Participant Medical Information

Participant Name _____ Date of Birth ___/___/____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Insurance Company _____ Policy Number _____

Name of policy holder _____ Insurance Phone _____

Emergency Contact* _____ Phone _____

Emergency Contact Relationship to participant _____

*In the event that the guardian(s) cannot be reached, the emergency contact will be contacted

Date of last tetanus shot ___/___/____

Does the participant have any allergies, dietary restrictions, or medical diagnoses the event leadership should be aware of? Please also include any prescription medications taken.

What other accommodations will the participant need? Are there any activities the participant cannot engage in?

The Episcopal Diocese of Upper South Carolina

Community Covenant

Non-Negotiables

Willful neglect to abide by the Non-Negotiables will result in contacting the guardians and rector of the participant's parish and will result in sending the participant at their own expense.

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

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 participant in question.

2nd Time Offense - Participant will be sent home.

**If the 1st offense is deemed severe enough, the participant 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.*

Formation Event COVID Protocols (Community Covenant cont.)

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 strive to adhere to COVID measures outlined by the Center for Disease Control and the Diocese at our retreats and encourage households to limit public activities and close-proximity interactions, wear masks and social distance in public settings, and get tested when possibly exposed to COVID as best as the they are able, especially in the two weeks prior to the event. For the foreseeable future, **all retreat participants (youth and adults) must provide proof of full vaccination**; partially vaccinated individuals, individuals with an exemption due to underlying medical conditions, or youth under the age of 12 **must provide the results of a COVID test taken within 48 hours of the event start time** instead. These documents can be provided prior to the event via email or upon arrival at the retreat.

If for any reason the participant cannot agree to the stated protocols prior to or during the event, we reserve the right to deny admittance or send them home at any point at any point during the event. Participants must...

- Disclose confirmed COVID exposure within 14 days of the event of themselves or others in their household or regular circle of interactions to the diocesan liaison and event leadership.
- Wear a cloth or surgical facial mask properly while indoors (except for mealtimes), regardless of vaccination status. Bandanas or similar coverings are not acceptable.
- Maintain a 3ft distance from other participants.
- Wash and/or sanitize hands regularly and thoroughly, and not only at mealtimes.
- Monitor physical activity and drink adequate amounts of water, eat properly, get the recommended amount of sleep to avoid false health alarms.
- Submit to health screenings and temperature checks as needed.

I have read, understand, and agree to abide by the health and safety guidelines communicated by the Episcopal Diocese of Upper South Carolina, including the provision requiring proof of full vaccination or a negative COVID-19 test result, (only for individuals under the age of 12, exempt due to a medical condition, or partially vaccinated), and I acknowledge that failure to provide such documentation will result in my/my child being turned away from the retreat. I acknowledge the risk inherent in having 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, and I also acknowledge it is impossible to totally 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 _____