



MEDICAL AUTHORIZATION
AND
RELEASE FROM LIABILITY

_____ has my/our permission to participate in this event and accompany the authorized youth leaders and chaperones on and away from the church property for the following youth group sponsored function:

Rock the Universe
Friday, September 10 – Sunday, September 12, 2010

Should an emergency arise, I/we, the undersigned, give permission and will assume financial responsibility at recognized emergency medical facilities for medical treatment or care required and rendered.

I/we agree to hold St. Hilary's Episcopal Church, its Rector, Vestry members, and the said authorized youth leaders and chaperones harmless and free of liability for any injury or damage caused by my child/children while attending said function, or for any personal injury sustained by my child/children participating in said function.

Full Name: _____ Date of Birth: ____/____/____

Allergies: _____

Current Meds: _____

Common Over-the-Counter meds my child MAY NOT be given:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Bonine |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Other _____ |

Physician's Name: _____ Phone: (_____) _____

Alternative Contact During Event (Relative, friend), in case we cannot reach parent/guardian:

Name: _____ Relationship: _____

Phone: (_____) _____

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

(_____) _____
Emergency contact number during event



PARENTAL AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of St. Hilary's Episcopal Church, Inc., their agents, owners, officers, volunteers, participants, and employees, and all other persons or entities acting in any capacity on their behalf (collectively referred to as "ST. HILARY'S"), I hereby agree to release and discharge ST. HILARY'S on behalf of myself, my children and all claiming by, through or under myself or my children, including our heirs, assigns, personal representatives and estate as follows:

1. I expressly agree and acknowledge that I have informed myself of the nature and extent of the activities to be undertaken by my child during the activity for which this Agreement is being signed. I hereby expressly agree and promise to accept and assume all of the risks existing in this activity, and acknowledge that the participation of myself and/or my family members in this activity is purely voluntary. On behalf of myself and my family I elect to participate in spite of any risk which the activity may pose.
2. I hereby voluntarily release and forever discharge, and agree to indemnify and hold harmless from any and all claims, demands, or causes of action which are in any way connected with, or arise from my participation or that of my children in this activity including, but not limited to, the use of any equipment, transportation or facilities offered by, or under the auspices of ST. HILARY'S. This indemnification specifically includes any costs or attorney's fees which ST. HILARY'S may be forced to incur in order to defend against any claims or demands, as well as any costs or attorney's fees incurred in enforcing this Agreement.
3. I hereby certify to ST. HILARY'S that I have procured adequate insurance to cover any injury or damage that I may cause or suffer, or that my family members shall cause or suffer while participating in this activity. Alternatively, I agree to bear the cost of any such injury or damage myself. Neither I nor my family members have any medical or physical conditions which would interfere with our safety in this activity or alternatively, I am willing to assume and bear the cost of all risk that may be created or distributed to, directly or indirectly by any such condition.
4. I acknowledge that ST. HILARY'S may provide transportation to, from or in conjunction with this activity, and expressly agree that this acknowledgement and release shall apply to any claims or demands arising from the provision of that transportation. By signing this document, I acknowledge that if anyone is hurt or if property is damaged during the participation of myself or my family in this activity I will be found by a court of law to have waived my right to maintain a lawsuit against ST. HILARY'S on the basis of any claim from which I have released them by this Agreement.
5. This agreement shall apply, but is not limited to the following activities:

Date: September 10 - 12, 2010

Event: Rock the Universe Weekend

Description of Activity: travel to and from Universal Studios in 15-passenger vans, listening to Christian bands, rides and events in the park, quad-occupancy accommodations.

Parent/Guardian Name

(_____)

Phone

Parent/Guardian Signature

Address



Community Covenant

To create a Christian community during our events, the following guidelines are to be accepted for our diocesan ministry. The success and enjoyment of our experience in Christian fellowship largely depends upon mutual respect and responsibility.

PARTICIPANTS WHO BREAK ANY OF THE FOLLOWING GUIDELINES WILL BE ASKED TO LEAVE. PARENTS, RECTORS, AND YOUTH LEADERS WILL BE NOTIFIED.

1. I will not bring or possess any form of weapon: including knives, firearms, or fireworks. I will not strike or hit anyone or anything at any time.
2. I will not devalue anyone; such as calling people names or indicating to another that he/she is worthless.
3. I will not bring, use, or be under the influence of any drug including alcohol, tobacco, or over the counter stimulants.
4. I will not use cell phones, pagers, radios, recorders, tape and CD, DVD, mp3 players, TV's, electronics and video games while at diocesan events.
5. Any youth who drives their own vehicle must turn in their keys at registration and vehicles will be parked in a designated area. No youth is to drive during the course of the event or activity until returning home at the conclusion of the event.
6. No one is to be deprived of the basic needs of food, shelter, sleep or clothing during any diocesan event. The National Episcopal Church requirement of 8 hours of sleep is the minimum for every event for all participants, sponsors, and event staff.
7. All prescription or over the counter medication must be in its original container and must be turned in to the event nurse at registration.
8. Consideration and respect for others is expected at all times. Lights out, quiet times and prayer times are a few examples of when to demonstrate your thoughtfulness and silence. Offensive or sexual language is not considerate or respectful to the community.
9. Sexual relations between youth and youth/adults or inappropriate displays of affection, flirting etc. will not be tolerated.
10. I will not enter any sleeping area other than my own.
11. All participants, youth and adults will take responsibility for dressing appropriately;
 - a. Under garments may not be exposed
 - b. Pajamas may be worn only in sleeping area
 - c. Straps on tank shirts must be at least two inches wide
 - d. Midriffs may not be exposed
 - e. Finger-tip rule applies to shorts
 - f. Modest bathing suits are required. In the event a participant wears an immodest suit, they will be required to wear a dark colored t-shirt
 - g. Participants will be asked to change their clothes if their attire is inappropriate
 - h. Open toed shoes are not allowed on the waterfront / ropes or challenge course – only closed toed shoes are acceptable.
12. All food and drinks are provided, therefore no food or drinks are to be brought to any diocesan event. At no time is food or drinks (except water) permitted in any sleeping area.

Youth Name & Signature: _____ **Date:** _____

Parent/Guardian Name & Signature: _____ Date: _____