

The Episcopal Diocese of Olympia Youth Event Liability Waiver



**ALL CONFERENCE ATTENDEES/PARENTS MUST COMPLETE, SIGN,
AND BRING WITH YOU TO THE EVENT**

COMMUNITY COVENANTS

"Conduct will be governed by the precepts of our faith, with love and respect for all."

- 1) Participants must attend all sessions. We know many of you have lots of commitments. If you have conflicting activities, pray about them and make a choice. Please do not ask us to make an exception.
- 2) All participants are to remain on the church grounds during the program events. You will also remain at your host home during the appropriate times.
- 3) All housing arrangements are final. Requests will be considered for friends attending their 1st conference.
- 4) No pets, fireworks or weapons of any kind are permitted. No inappropriate sexual behavior.
- 5) Illegal drugs, alcohol, and prescription drugs not prescribed to you are not to be in your possession or used at any time during the event. Please no tobacco or marijuana.
- 6) iPods, MP3 players, cell phones, and other electronic devices are not to be used during the scheduled conference activities unless part of the program.

It is your responsibility as a member of the community to follow these standards and to help others to do the same. Failure to do so may result in expulsion from the conference, a painful situation for all concerned.

I have read and will abide by the Community Covenants:

_____ *(Signature of youth)*

HEALTH WAIVER

Parent/Guardian: *Please read the following and sign below. Registration forms must have a parent signature in order for a youth to attend a Diocesan youth conference, unless the youth is 18 years of age or older.*

MEDICAL AUTHORIZATION

It is understood that an effort will be made to contact the undersigned prior to render treatment but medical treatment will not be withheld if the undersigned cannot be reached. We the parent(s) or legal guardians of _____, a minor, hereby authorize and consent to any X-ray, examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any licensed medical personnel on the staff of any license hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required. It is given to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.

TRANSPORTATION

If necessary, I understand that my child may be transported in cars or rented vans for this event and that some of the vehicles maybe driven by individuals in host homes or staff attending the event. I hereby give permission for my child to be driven and I agree to hold the Diocese of Olympia harmless for any liability or damage related to my child driving to and from this event.

PHOTO RELEASE AUTHORIZATION

The undersigned participant does agree to grant to the Office of Faith Formation permission to record on film, video tape, or audio tape his or her participation in this event. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the promotion of The Episcopal Diocese of Olympia ministers; and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

PARENT/GUARDIAN SIGNATURE (YOUTH, IF OVER 18):

_____ **DATE** _____