

Episcopal Church of the Resurrection

Field Trip Permission; Medical Information, Release and Authorization; Photo/Video/Audio Release and Community Agreement

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish grounds. This activity will take place under the guidance and supervision of adult chaperones.

Name of Event _____

Destination _____

Designated Supervisor of Activity _____

Dates/Times _____

Method of Transportation _____

Participant Costs _____

Participant's name: _____

Grade: _____ Church: _____

Address: _____ City/State: _____ Zip: _____

Parent(s)/guardian(s):

Name(s): _____ / _____

Telephone day: _____ / day: _____

Telephone night: _____ / night: _____

If you would like your son/daughter to participate in this event, please complete and sign the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child. If your child is unable to complete this activity due to health, injury, behavioral concerns or disruptive activity, you, as parent or legal guardian, are responsible to arrange immediate transportation home for your son/daughter.

I hereby consent to participation by my son/daughter, _____, in the event described above. I understand that this event will take place away from the parish grounds and that my son/daughter will be under the supervision of designated parish employees on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation, and I agree that if my child is unable to complete this activity due to health, injury, behavioral concerns or disruptive activity, I, as parent or legal guardian, am responsible to arrange immediate transportation home for my son/daughter.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release the Episcopal Church of the Resurrection, the Diocese of California, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releases") from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Parent or Guardian's Name — Print)

(Parent or Guardian's Signature) (Date)

Medical Information and Release

In case of an emergency, where the above persons cannot be reached, please notify:

Name: _____ Relationship: _____

City of residence: _____

Birthdate of minor: _____ Last tetanus shot: _____ Social security number: _____

Allergies: _____

Medications: _____

Special needs: _____

Family physician: _____ / Phone: _____

Insurance Co.: _____ / Policy #: _____

Medical Authorization

I/we, the parent(s) or legal guardian(s) 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 staff of 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.

Date: _____ Signature: _____ Relationship: _____

Photo/Video/Audio Release

I give the Episcopal Diocese of California and the Episcopal Church of the Resurrection permission to take photographs, videotape and/or record the voice of _____, a minor and to use those images and recordings in diocesan and church publications and materials.

Date: _____ Signature: _____ Relationship: _____

Community Agreement for All Participants

I agree:

1. TO respect the needs and property of other participants and chaperones;
2. TO participate in community activities, including chores, programming, prayer, etc;
3. TO act respectfully towards the people whom we are going to serve, including dressing modestly when appropriate;
4. NOT to leave the event or grounds without permission of an adult advisor;
5. NOT to bring or use alcohol or any illegal drugs;
6. NOT to participate in any violent behavior, including the possession of weapons;
7. NOT to smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree to use it only in the designated area provided;
8. NOT to participate in any sexual behavior;
9. NOT to bring a cell phone, iPod, MP3 player, computer, mobile gaming or video device on the trip if the trip leaders have asked participants not to bring or use any or all of these devices.

I understand these agreements are designed to provide a safe and supportive community at all events. I also understand that if I break one of these agreements, I will have broken the trust of the community, and may be asked to leave at the expense of my parent(s)/guardian(s).

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____