



Episcopal Diocese of North Carolina / Consent and Liability Release Form

PARTICIPANT'S NAME _____ HOME PHONE _____

ADDRESS _____

GRADE _____ AGE _____ BIRTHDATE _____ Gender _____

PARENT(S)/GUARDIAN NAME(S) _____

Please return this completed to youthforms@episdionc.org

WORK PHONE(S)/CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren): _____ ("Participant"), to attend and participate in **YOUTH MINISTRY EVENTS** sponsored by The **Episcopal Diocese of North Carolina for the school year of 20____-20_____**.

LIABILITY RELEASE: In consideration of The Episcopal Diocese of North Carolina allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless The Episcopal Diocese of North Carolina, its employees, volunteers and agents (collectively herein the "Diocese") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent (s) or legal guardian (s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities.

Furthermore, we (I) [and on behalf of our (my) Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Diocese to furnish any necessary transportation (within the limitations of Diocesan insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Diocese for any liability sustained by said Diocese as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Medical Treatment Permission: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the afore mentioned youth pursuant to this authorization.

Furthermore, we (I) give permission for an adult supervisor to administer any over-the-counter medication, as specified on the Participant's medical form, my child may need during this event.

Early Return Home Policy: Should it be necessary for our (my) youth to return home due to medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Photo & Video Release Permission: The undersigned understands that promotional pictures (individual and group) have been / will be taken during these events. I give permission for my child's picture/video to be used for promotional materials (newsletter, web page, promotional signs, etc.) in highlighting the event. **NAMES WILL NOT BE USED.**

Transportation Permission: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by and approved ADULT chaperone while attending and participating in activities sponsored by the Diocese. My youth and I understand that **SEAT BELTS SHALL BE WORN AT ALL TIMES** during transportation.

1) In the past 30 days have you traveled internationally? No _____ Yes _____

2) In the past 30 days have you or anyone in your household had contact with persons with confirmed or suspected Coronavirus exposure? No _____ Yes _____

3) In the past 30 days, have you or anyone in your household had contact with persons with COVID-19 symptoms? No _____ Yes _____

4) Do you or another member of your immediate family have any of the following symptoms (even if attributed to another medical problem such as seasonal allergies or recurrent migraines): cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, migraine, sore throat, new loss of taste or smell? No _____ Yes _____

5) Has the young person completed vaccination for Covid-19? No _____ Yes _____

We (I) the undersigned also, acknowledge that I have reviewed details regarding the event our (my) child is participating in.

Parent(s)/ Guardian(s) Signature(s) _____ / _____ Date _____



Episcopal Diocese of North Carolina / Consent and Liability Release Form

Please return the above completed form to youthforms@episdionc.org

Revised 9/9/21

Diocesan Youth Event Covid Protocols

The following protocols will be in effect on 9/1/21 for Diocesan Youth Events and into the foreseeable future. The Diocesan Children, Family & Youth Missioners take the health and safety of all our participants very seriously, so the protocols listed below are mandatory for all participants, both youth and adults. We pray for a time in the near future when these measures will not be necessary, but until that time, we will all work together to keep each other healthy and safe.

- Everyone **must have proof of a negative Covid test within 72 hours prior to the event** or you will not be able to stay and participate.
- **Bring a copy of your Covid 19 vaccination card.** If you are not vaccinated, you **must** wear a mask at all times except during mealtimes when everyone is socially distanced.
 - Rooming will be assigned such that anyone who has not been vaccinated will be in a room to themselves, in a room with a sibling, or in a room with someone they already share close contact with in their daily life.
- Programming will take place outside as much as possible. If programming is indoors, windows and doors will be open with fans running to ventilate the room.
- Everyone will wear masks indoors.
- We will designate /mark sitting and standing areas so that participants stay socially distanced.
- We will spray and wipe high touch areas on a regular basis.
- All supplies will be in individual Zip lock bags for participants.
- We ask that participants bring their own masks but we will have a limited supply of back-ups.
- We will supply copious amounts of sanitizer and encourage its use, along with hand washing.
- Food will only be served by staff or will be individually packaged.
- Participants will be socially distanced during meals.
- Covid screening questions are now on the Consent and Liability form and will be updated for each event.