

**SAINT JOHN'S CATHEDRAL
CONSENT FOR YOUTH WINTER WONDERLAND TRIP
(Excursion or Extended Trip)
RELEASE WAIVER**

EVENT *YOUTH GROUP WINTER TRIP*

TRIP DATE(S) *March 2-4, 2012*

EVENT LOCATION: *CATHEDRAL RIDGE CAMP/CONFERENCE CENTER, WOODLAND PARK, CO*

Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home # _____ Parent Work # _____ Parent Cell # _____

Where will parents be during event? _____

Emergency Contact _____ Phone # _____

Medication Allergies _____ Food/Other Allergies _____

Diet Restrictions _____ Physical Activity Restrictions _____

Is the child taking routine medications? Please list _____

(Medications must be given to adult in charge with written instructions by parent)

Are there any past or current medical/surgical issues that we should be aware of? _____

PARENT(S)

I/we understand that certain rules of conduct have been established for all participants during the trip/event and I/we assume responsibility for the youth's actions during the trip/event and the youth's compliance with the rules. I/we agree that, in the event the youth violates the established rules for youth during the trip/event:

I/we assume all liability for and agree to save, indemnify, defend and hold Saint John's Cathedral, its agents, servants, volunteers, and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or neglect of the youth; and

In the event of repeated violations or a serious violation of the established rules by the youth, I/we will accept a collect telephone call concerning the youth's actions and behavior and I/we further understand, agree and consent to the youth being returned home immediately by public transportation at my/our expense.

I/we further understand and agree that the youth may, during part or all of the trip/event, travel by private vehicle, and I/we hereby agree and consent to thereto and specifically: (1) waive any and all claims of any sort or nature I/we have against the owner and/or driver of any such private transportation for any personal injury, bodily injury or death and for any property damage, regardless of the cause thereof, and (2) agree to hold harmless and indemnify the owner and/or driver of any such private transportation from any and all claims or demands of any sort or nature which may be asserted by or on behalf of the youth for any personal injury, bodily injury, death or property damage, regardless of the cause thereof.

I/we waive any claim against Saint John's Cathedral, sponsors, agents, servants, volunteers and employees and hereby release them from any responsibility and liability for any personal or bodily injury, death or property damage/loss that my child may sustain during the above listed activity. I/we agree to indemnify, save and hold the church, its agents, servants, volunteers, and employees, harmless from any claim, demand or cause of action of whatsoever nature or kind asserted by or on behalf of the youth for any personal or bodily injury, death or property damage/loss sustained by the youth during the trip/event and the youth's participation therein.

I/we give permission for responsible employees and volunteers of Saint John's Cathedral to obtain emergency medical care for my/our minor child. By my/our signature(s) hereon we affirm that we have read and fully understand the terms, conditions, releases, and waivers above set forth.

Date _____ Parent(s)/Guardian Signature _____

CONSENT, RELEASE AND MEDICAL AUTHORIZATION

Saint John's Episcopal Cathedral Youth Program

Participant Name _____ Date of Birth _____ Age ____

Address _____ City _____ State ____ Zip _____

Home # _____ Parent Work # _____ Parent Cell # _____

Emergency Contact _____ Phone # _____

Doctor Name _____

Allergies/Medication _____ How Severe? _____

Allergies/Food/Other _____ How Severe? _____

Diet Restrictions _____ Physical Activity Restrictions _____

Is the child taking routine medications? Please list: _____
(Medications must be given to adult in charge with written instructions by parent)

Are there any past or current medical/surgical issues that we should be aware of?

Insurance Information:

I have medical insurance coverage for the above named participant.

Company _____ Policy number _____

Address _____

Policy in Name of _____

Insurance Policy I. D. _____

Social Security Number of Policy Holder: _____ - _____ - _____

I acknowledge that I do not have "medical insurance" for the above named participant and understand that we are financially responsible for all costs.

In the event of an emergency, I hereby authorize an adult leader to act as agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible. I acknowledge that I am financially responsible for any emergency medical or dental costs.

This Consent, Release and Medical Authorization applies to any and all programs of St. John's Cathedral or programs sponsored in whole or in part by St. John's Cathedral now or at any time in the future (all of which are herein called the "Programs"). I do hereby agree to allow the participant named above (the "Participant") to participate in any and all Programs.

In consideration of the Participant being permitted to participate in the Programs, I, for myself and the Participant agree as follows:

I/we understand that certain rules of conduct have been established for all participants in the Programs and I/we assume responsibility for the Participant's actions during the Programs and the Participant's compliance with the rules. I/we agree that, in the event the Participant violates the established rules for participants during the Programs I/we will accept a collect telephone call concerning the Participant's actions and behavior and I/we further understand, agree and consent to the Participant being returned home immediately by public transportation at my/our expense.

I/we assume all liability for and agree to save, indemnify, defend and hold St. John's Cathedral, its agents, servants, volunteers, and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or neglect of the Participant; and

I/we further understand and agree that the Participant may, during part or all of the trip/event, travel by private vehicle, and I/we hereby agree consent to thereto and specifically: (1) waive any and all claims of any sort or nature I/we may have against the owner and/or driver of any such private transportation for any personal injury, bodily injury or death and for any property damage, regardless of the cause thereof, and (2) agree to hold harmless and indemnify the owner and/or driver of any such private transportation from any and all claims or demands of any sort or nature which may be asserted by or on behalf of the Participant for any personal injury, bodily injury, death or property damage, regardless of the cause thereof.

I/we waive any claim against the St. John's Cathedral, sponsors, agents, servants, volunteers and employees and hereby release them from any responsibility and liability for any personal or bodily injury, death or property damage that my child may sustain during the Programs. I/we agree to indemnify, save and hold the church, its agents, servants volunteers, and employees, harmless from any claim, demand or cause of action of whatsoever nature or kind asserted by or on behalf of the Participant for any personal or bodily injury, death or property damage sustained by the Participant during the trip/event and the Participant's participation therein.

I/we give permission for responsible employees and volunteers of St. John's Cathedral to obtain emergency medical care for my/our minor child.

By my/our signature(s) here on we affirm that we have read and fully understand the terms, conditions, releases, and waivers above set forth.

Signature Parent/Guardian _____ Date _____

Signature Parent/Guardian _____ Date _____

Media Consent Determination 2011-2012

This media consent determination form is required for all Sunday School and Youth programs, and must be made by the student's parent or guardian. Please select one of the options below:

Yes

I give permission for my student's name or photo to appear in Saint John's Cathedral publications, promotional materials and displays, the church website, social media outlets*including Facebook and Twitter, and in media coverage including newspapers, television and radio. *Saint John's will never publish the name of a child with a photo

No

I do not give permission for my student's name or photo to appear in Saint John's Cathedral publications, promotional materials and displays, the church website, social media outlets including Facebook and Twitter, or in media coverage including newspapers and television. I understand that it is my responsibility to instruct my student not to take part in group photos for publication, nor to be interviewed by media representatives.

Name of parent/guardian (please print)

Signature of parent/guardian

Date

Contact Information (email and home or cell phone)

Name(s) of students, along with date of birth (please print)
