



SEPA YOUTH LEADERSHIP PROGRAM
2018-2019 MEDICAL RELEASE AND GENERAL PERMISSION FORM

This Form is Valid for all 2018-2019 Meetings and Retreats of the Leadership Program. A Separate Form will be used for Synod Youth Events.

Participant Information

Participant Name (please print) _____

Address _____

Date of Birth _____ Grade _____ Age at 8/1/18 _____ Gender _____

Participant's Physician's Name _____

Hospital/Clinic and Address _____

Hospital/Physician Phone Number _____

Emergency Contact _____ Relationship _____

Home/Work Phone _____ Cell Phone _____

- 1. Participant is allergic to (including food):
2. Please list any restrictions on diet or exercise:
3. Does the participant have any special needs or medical history? If so, please list:
4. Are there any over the counter medications the participant cannot receive?
5. Is the participant on medication? If so, please list the drugs, dosages, frequency and any instructions:

Please note that no drugs are to be brought to youth events other than those listed above.

(Please attach a copy of the FRONT AND BACK of the participant's medical insurance card to this agreement)

RELEASE OF ALL CLAIMS

In consideration of being accepted by the Southeastern Pennsylvania Synod, ELCA for participation in youth ministry events,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Southeastern Pennsylvania Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for the participant to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities. I (we) also grant the synod and ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from synod and other events, in any medium without compensation.

Parent's/Guardian's signature (if participant is registering as a youth):

_____ Date: _____

Participant's signature (if registering as adult participant):

_____ Date: _____

COVENANT

As a participant of the Southeastern Pennsylvania Synod's Youth Leadership Team, I agree to:

- † **Show respect** for myself and all other participants of synod youth programs, as well as any staff and property,
- † **Participate** in all parts of the program, the very best of my ability,
- † **Stretch my comfort zone** to be open to new people, friends, and promptings of the Holy Spirit,
- † **NOT to bring or use alcohol or other non-prescribed drugs** including tobacco products;
- † **Abide by curfew times** and quiet hours,
- † **Not use offensive language**
- † **Not engage in sexual activity**
- † **Follow the open door policy** which states that visitors of either gender who are attending any event may visit friends in their room during free time if the door to the room is left open and if all roommates agree to the visitor being there.
- † **Keep my cell phone on silent** during all activities of the event.

† **BE A FULL PARTICIPANT AND HAVE FUN!**

A warning will be given for breaking the covenant about:

Respecting others Curfew Participation in the event Language Open door policy

The participant will be sent home and/or suspended from future synodical events for repeatedly breaking the covenant items above or the following:

Illegal Drugs, alcohol or tobacco products Sexual activity

The synodically designated adult in charge of any event will make all decisions concerning sending anyone home. If a participant is to be sent home, he or she will be financially responsible for any costs incurred.

Participant's name _____

Congregation _____

I agree to live in this covenant for this event. I understand the consequences if I choose to break this covenant.

Participant's signature _____

Parental/Guardian signature _____