



EPISCOPAL CHURCH IN CONNECTICUT  
PARTICIPATING IN GOD'S MISSION

Multiple-day Off-site Events  
Minors Participants (anyone under 18 years old)  
(without presence of parent/guardian)

Community Expectations, Permission, Waiver & Release,  
Media & Transportation Release,  
and Medical Authorization and Release  
for Minors

Name of Event:

Dates of Event (beginning and end):

Location/destination:

Sponsoring Entity:

Organizers:

Designated Responsible Person and/or Travel Administrator:

---

**Community Expectations and Consent**

I understand that by participating in the Event I am part of a Christian community gathering together for the Event. As such, there are expectations that all participants will respect the dignity of all in attendance and observe appropriate boundaries, especially with respect to any participants who are minors or vulnerable adults. If I have any questions as to appropriate boundaries, I will ask an organizer identified above and/or consult ECCT's Model Policies for the Protection of Children, Youth and Vulnerable Adults. If I have any concerns about boundaries or behaviors of any participant(s) at the Event, I will immediately make my concerns known to the organizers identified above.

Note: If there is a specific Community Covenant for the Event, that Covenant should be made part of this document, or appended to this document and initialed by the signatory.

---

**Parent/guardian consent to participate**



I give full permission for the Participant, \_\_\_\_\_ [insert minor's name] to attend and participate in this event.

---

### General Waiver & Release

In consideration for being permitted to participate in the event named above ("the Event"), I \_\_\_\_\_ [print name] for myself, (and any and all of the following: my heirs, family, successors and assigns and any other persons having claims by or through me), hereby fully and forever release, acquit, and discharge the organizers of the Event and all entities, organizations, and persons now or formerly affiliated with the Episcopal Diocese of Connecticut, also known as the Episcopal Church in Connecticut ("ECCT") from, and waive any and all actual or potential claims or causes of action for, any of the following: damage to or loss of property, bodily injury, illness, death, or economic loss, known or unknown, anticipated or unanticipated, arising directly or indirectly in any manner whatsoever from Participant's involvement in the Event.

---

### Media Release

I give full permission for ECCT and/or the Sponsoring Entity to use the minor Participant's likeness in a photograph or video in any and all publications, including website entries, without payment or any other consideration. I further understand and agree that these materials shall become the property of ECCT and/or the Sponsoring Entity and will not be returned to the Participant or me. I hereby authorize ECCT and/or the Sponsoring Entity to edit, alter, copy, exhibit, publish or distribute such photo or video for purposes of publicizing [Sponsoring Entity's] programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein their likeness appears. I waive any right to royalties or other compensation arising or related to the use of such photograph or video.

---

### Transportation Release

I give full permission for the Participant to be transported to activities in conjunction with this event, including being able to attend and participate in activities off-site from the main residence, as well as travel before and after the event for the purpose of attending and returning to the location of departure.



---

### Medical Authorization and Release

In the event of an accident or serious illness, I hereby authorize the designated Responsible Person (one of the adult chaperones) to obtain medical treatment for Participant. I hereby hold harmless and agree to indemnify the Sponsoring Entity, the organizers of the Event and all entities, organizations, and persons now or formerly affiliated with the Episcopal Diocese of Connecticut, also known as the Episcopal Church in Connecticut ("ECCT") from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses including medical expenses that may derive from any injuries to Participant that may occur during his/her participation in the Event.

If I cannot be reached by phone, the Responsible Person has my permission to authorize medical treatment for Participant. This authorization includes the securing of medical, dental, emergency or hospital treatment, including surgery, x-rays, drugs and anesthesia. I hereby certify that I have read and fully understand the above authorization for medical treatment. I accept all financial responsibility for the same. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

*Attachment A covers administration of over the counter medications (OTCs) is attached hereto and incorporated by reference.*

Does Participant have health/accident insurance? (Circle one)      YES      NO

If yes, please attach to this form a copy of the front and back of Participant's insurance card.

Insurance carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Holder DOB: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

---

### Alternate Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_



Cell phone: \_\_\_\_\_

Additional phone: \_\_\_\_\_



I hereby certify that I am the Parent/Guardian of the Minor Participant named above and do hereby give my consent without reservation to the foregoing on behalf of Participant. **I have read, understand and agree to all of the above releases:**

\_\_\_\_\_  
Parent/Guardian Signature  
(for participants under age 18)

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Cell/Home Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address of Minor Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Minor Participant Printed Name



## Attachment A

The adult chaperones will have minor first aid supplies. If participant becomes ill or suffers a minor injury, we must have parental authorization to dispense medications. Below is a list of common over-the-counter medications. By checking, I authorize that the following medications may be given to participant if the need arises. I shall indemnify and hold harmless the adult chaperones against any claims that may arise relating to the administration of these over-the-counter medications.

The following over-the-counter medications may be administered (check all that apply):

- Sunscreen
- Bug repellent
- Ointments for minor wound care or first aid as directed, including antiseptic, anti-itch, anti-sting, antibiotic, sunburn
- Tylenol/Acetaminophen
- Motrin/Ibuprofen
- Throat lozenges and/or spray as directed for sore throat
- Hydrocortisone ointment for mild skin irritations, rashes, insect bites
- Medicated powder for skin irritation
- Medicated lip ointment for dry, chapped lips, lip blisters or canker sores
- Kaopectate or Imodium for diarrhea
- Milk of Magnesia, Pepto-Bismol, or Mylanta for upset stomach or nausea
- Rolaids or Tums for acid reflux, heartburn, or indigestion
- Benadryl for swelling, hives, allergic reaction
- Actifed or Sudafed for nasal congestion or allergy relief
- Visine or other eye drops for minor eye irritation
- Robitussin or other cough syrup



<u>Circle appropriate response:</u>  Does Participant have medical conditions that chaperones should be aware of?	Circle one		<u>Please identify or explain:</u>
	YES	NO	
Does Participant have a history of allergies or reactions to medications, insect stings, or plants?	YES	NO	
If Participant has a history of allergies or reactions, does Participant have an Epi-pen or inhaler?	YES	NO	Parent/Guardian authorizes Participant to maintain possession of Epi-pen or inhaler: YES    NO
Does Participant have any dietary or special health requirements?	YES	NO	

Only the Responsible Person, or their adult designee, shall administer medications. All medications (prescription and over the counter) belonging to minors shall be given to the Responsible Person, unless otherwise agreed upon by the parent(s)/guardian(s) and the Responsible Person. Exceptions may include inhalers, Epi-pens, and birth control pills.

Please complete this section accurately and completely. List all medications and treatments prescribed to Participant, including: lotions, creams, inhalers, liquids, allergy medications, cold medications, injections, and temporarily prescribed medication, including all over the counter medications, vitamin/mineral supplements, herbs, homeopathic remedies, and other treatments.

**Prescription medications must be in original and current container.**

If changes to medical condition and/or medication occur and are different from what is listed on this form, please notify us upon arrival at Event.

Name of Medication	Dosage	X per Day	Comments or special instructions (e.g., take with food or water, split tablet, etc.)

