



EPISCOPAL CHURCH IN CONNECTICUT
PARTICIPATING IN GOD'S MISSION

Multiple-day Off-Site Event
Adult Participant
Community Expectations and Covenant, General Waiver & Release,
Media Release, and Medical Authorization and Release

Name of Event:

Dates of Event (beginning and end):

Location/destination:

Sponsoring Entity:

Organizers:

Designated responsible person and/or Travel Administrator:

Community Expectations and Covenant

I understand that by participating in the Event I am part of a Christian community gathering 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.



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 identified above to use my 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 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 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.

Medical Authorization and Release

In the event of an accident or serious illness and I am unable to consent, I hereby authorize the designated Responsible Person to obtain medical treatment for me. 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 myself that may occur during my participation in the Event.

I understand that it is my responsibility to have my medical insurance card and any other documentation with me in case medical treatment is needed. I also understand that I may be reasonable for charges for accessing medical care from providers who are out of network.



By signing below I acknowledge that I have no known medical conditions, treatments or medications which will require the assistance of another person during the Event.

I have read, understand and agree to all of the above releases:

Participant's Signature

Printed Name and Date



Emergency Contacts

Name: _____
Address: _____
Email: _____
Cell phone: _____
Additional phone: _____

Alternate Emergency Contact

Name: _____
Address: _____
Email: _____
Cell phone: _____
Additional phone: _____

Participant's Signature

Date

Printed name

Cell phone number

Address

Email address