

# EDTN Youth 2019 “Episcopalooza” Event Permission Form

## Permission

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (hereinafter “my child”) hereby give permission for him/her to participate in the EDTN Youth “Episcopalooza” event at St. Bartholomew’s Episcopal Church in Nashville, TN sponsored by the Diocese of TN (also referred to herein as the “Church”) on September 29, 2019. These programs include worship, games, dinner, prayer, and other youth activities.

## Publicity Release

I do hereby give permission for him/her to be featured in any and all of the Church’s promotional materials. I understand and consent to the use of my child’s name and/or photograph to be used in Church’s promotional materials including, but not limited to newsletters, brochures, video, the Church’s website, and social media.

## Medical Treatment Authorization

I grant the Church and its employees and agents full authority to take whatever actions they may reasonably consider to be warranted under the circumstances regarding my child’s health and safety. I authorize the Church and its agents, at their discretion, to place my child, at any expense and without my further consent, in a hospital within or outside the United States for medical services and treatment, or if no hospital is readily available, to place him/her in the care of a medical doctor for treatment. I hereby authorize the physician and/or hospital selected to provide whatever medical treatment(s) he/she deems necessary to my child. If deemed necessary or desirable by the Church or its agents, I authorize them to transport my child to Nashville, Tennessee, by commercial airline or otherwise, at my expense, for medical treatment.

## Release of Claims

In consideration of the Church’s agreement to permit my child to participate in the event(s), I (we) hereby release the Church and/or its employees and its agents, (“the released parties”), of and from any and all past, present or future claims, demands, obligations, causes of action, costs, expenses and damages of any nature whatsoever, which may result from, arise in connection with, or in any way grow out of any injury to my child or damage to my child’s or my (our) property as a result of my child’s participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic or punitive damages. **THIS RELEASE SPECIFICALLY EXTENDS TO AND INCLUDES CLAIMS AND CAUSES OF ACTION ARISING FROM THE NEGLIGENCE OR OTHER FAULT OF THE RELEASED PARTIES, OR ANY OF THEM**, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision. All references in this agreement to “the Church” and “its agents” shall include the church and all of its officers, clergy, vestry, staff members, chaperones, teachers, volunteers, including their family members, and employees.

## Indemnity Agreement

I (we) further agree to indemnify and hold harmless the released parties against any and all claims arising out of any injury to my child as a result of my child’s participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic or punitive damages. **THIS INDEMNITY PROVISION SPECIFICALLY EXTENDS TO AND INCLUDES CLAIMS AND CAUSES OF ACTION ARISING FROM THE NEGLIGENCE OR OTHER FAULT OF THE RELEASED PARTIES, OR ANY OF THEM**, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision. BY MY (OUR) SIGNATURE(S) BELOW, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTAND AND ACCEPT ALL OF THE PROVISIONS OF THIS FORM, **INCLUDING THE MEDICAL TREATMENT AUTHORIZATION AND THE RELEASE OF CLAIMS AND INDEMNITY AGREEMENT**.

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Signature (Parent/Guardian)

Date

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Signature (Additional Parent/Guardian if needed)

Date

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Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Please print.*

Parent or Guardian name(s): \_\_\_\_\_  
*Please print.*

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

Church Home: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Cell Phone(s) #: \_\_\_\_\_

Youth's Cell Phone #: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_  
*Please print.      Name      Relationship      Phone Number*

Insurance Provider & Policy Number: \_\_\_\_\_  
*(Please Print) REQUIRED INFORMATION.*

Allergy and/or Necessary Medication Information (please be specific): \_\_\_\_\_

**REQUIRED: Please attach a copy of your insurance card (front and back).**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature (Parent/Guardian) Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature (Participant) Date

