

Participant Authorization – Grace Church Youth Retreat

Participant Name _____ Birth Date __/__/_____

Section A. Participant Authorization

- I understand and agree to cooperate with all regulations regarding behavior, health, special qualifications and age.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to me under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. If I am not a minor, I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization.
- I understand the general guidelines of behavior: I must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated. I will assume all transportation costs if problems occur during any event or activity.
- I will take no civil action against Grace Episcopal Church or the Diocese of Eau Claire, any associated agencies or persons in whose care I have been entrusted, for my normal care.
- I give my permission for photographs or video footage of me to be used by Grace Episcopal Church and/or the Diocese of Eau Claire for promotional purposes, unless I initial here _____ (initialing means you do NOT give permission).
- I give my permission for my address/phone number/email address to be included on a participant roster for use of participants and staff only unless I initial here _____ (initialing means you do NOT give permission).

Participant Signature _____ Printed Name _____ Date _____

Section B: Parent/Guardian Authorization and Authorized Rides (must be signed by the parent or guardian if participant is under the age of 18 on the first day of the retreat)

- I give full permission to this minor to attend the youth event at Grace Episcopal Church, Menomonie
- I give full permission to this minor to participate in all activities at Grace Episcopal Church, unless otherwise stated in a separate accompanying medical document.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named minor pursuant to this authorization.
- I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in events at the Youth Event at Grace Church, Menomonie.
- I understand the general guidelines of behavior: the minor must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated. I will assume all transportation costs for this minor if problems occur during any event or activity.
- I will take no civil action against Grace Episcopal Church or the Diocese of Eau Claire, any associated agencies or persons in whose care the minor has been entrusted, for this minor's normal care.

- I give my permission for photographs or video footage of this minor to be used by Grace Episcopal Church and/or the Diocese of Eau Claire for promotional purposes, unless I initial here _____ (initialing means you do NOT give permission).
- I give my permission for this minor's address/phone number/email address to be included on a participant roster for use of participants and staff only unless I initial here _____ (initialing means you do NOT give permission).
- I have also read and consent to all items printed in Section A of this form.

Authorized Rides: Please check one or more of the following as appropriate.

___ Only the following people may pick up the above named minor: _____

___ The following people may NOT pick up the above named minor: _____

___ I authorize anyone to pick up the above named minor.

Signature of Parent/Legal Guardian

Printed name

Date

Please send completed form and check for \$25.00 (made out to Dale Klitzke) to:

The Rev'd Dale Klitzke

1816 Crestwood Lane

Menomonie, WI 54751