

# RSVP and Parent/Guardian Consent Form

## 2021 VALA'S TRIP

Participant Name \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Grade in 2021-2022 School Year \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Youth Phone # (optional) \_\_\_\_\_

*If provided, this phone number will only be used to send reminders and information to the above youth regarding 2021-22 Youth Events*

**A carpool will leave from Trinity Cathedral at 10:30am and return at 4:30pm.**

*Please circle the transportation option you prefer below. Please Note: the carpool will NOT wait for youth who arrive after 10:30am*

**This youth will join the carpool                      OR                      This youth will drive / be driven separately**

Who may pick up your child \_\_\_\_\_

*Please list the first and last names of all adults permitted to pick up the above youth from the event or from the cathedral at 4:30pm*

Parent/Guardian Name(s) (please print) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

*In the event a parent or guardian cannot be reached.*

### Permission, Waiver, and Release:

I, Parent/Legal Guardian of the above named participant (a minor) give my permission for this youth to participate in the 2021 VALA'S TRIP sponsored by participating Omaha-area Episcopal Churches. Given my desire for this youth to so participate, I hereby release, agree not to sue, and agree to hold harmless the participating Omaha-area Episcopal Churches (including their officers, directors, employees, representatives, agents and affiliates) and the volunteers of the 2021 VALA'S TRIP from all claims, demands, liability and actions of any kind including acts of negligence, arising out of the participation of the above identified youth and resulting in the youth's personal injury and also claims for loss of or damage to the youth's property unless the injury, loss, or damage is caused by willful misconduct.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Consent

Health Information: Please list any allergies, medications, diet requirements, physical limitations, etc. for your child that may impact their participation in this event:

\_\_\_\_\_  
\_\_\_\_\_

I/we, the undersigned, on my/our behalf, or as the parents or guardians having legal custody of the above named participant, a minor, have given our consent for him/her to attend the 2021 VALA'S TRIP, or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed

necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize any adult associated with the 2021 VALA'S TRIP to give such consent for us if I/we cannot be reached by telephone at the number listed above, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Media Release**

I, **GIVE** or **DO NOT GIVE** (please circle) the Omaha area youth leaders and adult volunteers associated with this trip permission to record my participation (or the participation of the above named minor) as part of the 2021 VALA'S TRIP by photo, video, electronic, or audio means. Additionally, participating Omaha area churches may use these recordings in any future presentation (print, video, website, or social media) without payment of fees, royalties, special credit, or other compensation.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Driving Release**

For your child's safety, the Diocesan Driving policy for Youth Groups states that for any youth group activity there should be two adults in every vehicle transporting youth to and from an activity. However, there may be times at this event when this is not always possible, therefore an exception needs to be made.

I, Parent/Legal Guardian of the above named participant (a minor) agree to allow one of the authorized drivers of the 2021 VALA'S TRIP, to drive my son or daughter without another adult or child in the car for the express purpose of transporting them to and from Vala's Pumpkin Patch. This exception is valid only for SEPTEMBER 25, 2021. I understand that if I notify the trip coordinator that I am no longer agreeable to this release, that I am responsible for arranging the transportation of my child to and from Vala's Pumpkin Patch.

Transport Home: In addition, I/we, the undersigned, on my/our behalf, or as the parents or guardians having legal custody of the above named participant, understand that a member of the Omaha Area Youth Leaders or another adult chaperone associated with the event may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the event, I/he/she will be transported home at my/our expense. The youth leader of the home parish listed above will contact the parent or guardian to arrange such transportation.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_