



THE EPISCOPAL CHURCH OF THE ADVENT LIABILITY FORM

Episcopal Youth Community

_____ (full name of participant),
has my permission to attend all EYC affiliated events. I understand
that all reasonable safeguards will be taken, but that The Episcopal
Church of the Advent Episcopal Youth Community and the leaders of
these events are not responsible for any accident, illness, injury, or
damage or consequence resulting from participation in the events,
unless such accident illness, injury or damage results from the gross
negligence or wanton misconduct by or on behalf of the Episcopal
Church of the Advent Episcopal Youth Community and/or the
leaders of the events.

I KNOWINGLY AND FREELY ASSUME ALL RISKS OF ACCIDENT, ILLNESS, INJURY OR DAMAGE,
BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE
PERSONS OR ENTITIES RELEASED FROM LIABILITY IN THIS DOCUMENT, BOTH FOR
MYSELF AND ON BEHALF OF THE PARTICIPANT WHOSE NAME APPEARS ABOVE.

I, FOR MYSELF AND ON BEHALF OF THE PARTICIPANT WHOSE NAME APPEARS ABOVE,
HEREBY RELEASE AND HOLD HARMLESS THE EPISCOPAL CHURCH OF THE ADVENT, THE
FACILITY AT WHICH THE EVENT IS HELD, AND THE LEADERS OF THESE EVENTS, THEIR
EMPLOYEES, AGENTS, OFFICERS, AND DIRECTORS ("RELEASES") WITH RESPECT TO ANY AND
ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER
CAUSED BY THE NEGLIGENCE OF THE RELEASE OR OTHERWISE, EXCEPT THAT WHICH IS
THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT.

X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is
deemed advisable by, and is to be rendered under, the general or special supervision of any licensed
medical personnel on the staff of and any licensed hospital. This authorization is given in advance of
any specific diagnosis, treatment or hospital care required, but is given to provide authority and power
to render care, which is deemed advisable in the best judgement of the physician.

I understand that Advent children and youth retreats are often held at camps and conference centers
that have open air cabins and tents and are located near wooded areas. Therefore, temperatures can be
extreme, and campers are subject to insect bites, spider bites, and insect-borne illnesses. In order to
prevent such bites and illnesses, I agree to send my child with clothing that reduces skin exposure and
insect repellent. I also agree to teach my child the importance of always wearing this repellent and its
proper application.

I understand that this release is valid until revoked by those persons who have signed it. I understand
that I sign this release in my own capacity and in a representative capacity on behalf of the minor child.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY
UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY
SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____ Date: _____

Student Photo Release

I release consent to The
Episcopal Church of the
Advent and The Episcopal
Youth Community to
record my/my child's
likeness, via still phot,
video, or audio recordings,
for use as promotional
material for the Advent
EYC. I understand that
these recordings may be
edited at the discretions of
the Advent EYC, and that
they may be published in
promotional videos,
brochures, Advent EYC
newsletters, and The
Episcopal Church of the
Advent and/or The
Episcopal Youth
Communities websites. I
hereby waive all rights to
compensation for the use
of these recordings.

Student's Signature: _____

_____ Date: _____

Parent/Guardian
Signature: _____

_____ Date: _____



Student & Parent/Guardian Information

Student's Name: _____
Student's Preferred Pronouns: _____
Student's Grade: _____
Student's Date of Birth: _____
Student's Cell Number (If applicable):

Student's Health Insurance Company:

Policy #: _____
Food or Drug Allergies: _____
Special Health Needs: _____

Do adult leaders have permission to dispense Tylenol,
Advil, or other over-the-counter medications?
Yes/No: _____
Exceptions: _____

Parent/Guardian Name(s):

Parent/Guardian Telephone Number(s):

Parent/Guardian Email(s):

Mailing Address:

Emergency Contact if Parent cannot be reached:

Relationship: _____

Advent Episcopal Youth Community Covenant **Non-Negotiables**

1. I will not bring or use alcohol, illegal drugs, or tobacco products of any kind (vape pens included)
 2. I will not bring or use firearms, explosives, knives, or fireworks
 3. I will not steal, misuse or willfully damage the property or equipment of others or the facility and grounds of the host site
- *Failure to abide by these rules listed above will result in contacting my parents and the Rector of the Parish and will result in being sent home at my own expense.

Bullying, Inappropriate Sexual Behavior, or Violent Behavior
I will respect the boundaries, needs, and integrity of others; personally, sexually and racially; and agree not to participate in bullying or any inappropriate sexual or violent behavior.

- 1st Time Offense—Leader notifies adult in charge and the adult in charge and Spiritual Directors speaks to the offender
- 2nd Time Offense—Parents are called and the youth will be sent home.

*If the 1st offense is deemed severe enough, parents will be called and the youth will be sent home.

Expectations

1. I will respect and abide by the schedule and expectations of the design team regarding curfew, quiet times, and sleeping areas.
2. I will be present for the entire event and participate fully in all scheduled activities including community chores. As such, I will only use electronic devices during free time and when it is not disruptive to the community; this includes cell phones, gaming consoles, etc.
3. I will not leave the host site or prescribed boundaries without the permission of an adult advisor.
4. Once arriving at the event my vehicle will be locked and parked in a designated area for the entirety of the event.
5. I will bring an openness to grow in faith, meet new people and have fun.

I understand that the above agreements are designed to make this the best and safest event possible. I promise to adhere to these non-negotiable regulations and expectations while I am a participant at this event. I understand that if I choose to break the NON-NEGOTIABLES at any time during the event I will be removed from the community, my parents and the Rector of my Parish will be called and I will be sent home at my own expense. I understand that if I choose to break the policy on Bullying, Inappropriate Behavior or Violent Behavior, I will follow the protocol above. If I choose to break EXPECTATIONS listed, the adult in charge will determine appropriate consequences, keeping in mind that we are Making, equipping, and sending mature Disciples of Christ.

Student Signature: _____

Date: _____