

**ST. PAUL'S EPISCOPAL CHURCH
PERMISSION SLIP & RELEASE OF LIABILITY 2011-2012**

I, the parent/legal guardian of _____ give my permission for my child/children ("participant") to travel with and/or participate in children's and youth activities ("activities") with representatives of St. Paul's Episcopal Church ("St. Paul's") (including, but not limited to, Megan Jones, Megan Rosevear, the Rev. Heather Wenrick, the Rev. Jim Young and Dr. Paul Klemme) ("activity leaders").

I understand that the safety and well being of all participants in these activities will be of utmost concern to the activity leaders. I understand that the activity leaders will exercise their best judgment under the circumstances and act in good faith.

I consent to my child/children taking part in activities and I fully understand that some activities may carry a risk of injury, illness, loss, and possible consequent expense for medical, diagnostic, and curative treatments, and incidental loss and expense.

I ON BEHALF OF MYSELF AND MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, AGREE THAT ST. PAUL'S AND ANY ST. PAUL'S STAFF MEMBER, REPRESENTATIVE, OFFICER, DIRECTOR, EMPLOYEE, OR AGENT SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY PERSONAL INJURY, OTHER INJURY, DAMAGE, LOSS, OR EXPENSE, EITHER TO MY CHILD/CHILDREN, MY CHILD/CHILDREN'S PROPERTY, OR MY PROPERTY, WHETHER OR NOT SUCH INJURY IS CAUSED BY NEGLIGENCE.

I represent that my child/children are physically fit to safely participate in the activities. Should an accident or other medical emergency occur during the activities, and the responsible St. Paul's staff members are unable to timely reach me for medical authorization, I hereby give consent for St. Paul's staff members to authorize necessary hospitalization and medical treatment, including, but not limited to, injections, anesthesia, surgery, and medication. I agree to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

I represent to St. Paul's that I am the natural parent or legal guardian of the above named child/children, that I consent to the child/children's participation in activities associated with St. Paul's during the year of June 2011 to September 2012, and that I agree to abide by the rules and regulations, supervision, and discipline set and applied by St. Paul's and its agents.

I give my permission for my son/daughter to attend functions with St. Paul's during the time period of [June 1, 2011-September 30, 2012.] I have read and understand the above release of liability and medical authorization and agree to its provisions.

Signature of Parent/Legal guardian: _____ Date: _____

Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Any special medications or drug allergies that leaders should be aware of? _____

Doctor's Name: _____ Dr's phone: _____

Insurance Comp: _____ Policy Number: _____

Additional Comments: _____

PHOTO RELEASE

I hereby grant permission to St. Paul's Episcopal Church, its employees, and Diocesan staff, to use my child/children's photograph on its World Wide Web site, bulletin boards/posters, or in other St. Paul's or Diocese of Oregon printed publications without further consideration, and I acknowledge St. Paul's right to crop or treat the photograph at its discretion. I also acknowledge that St. Paul's may choose not to use my child/children's photo at this time, but may do so at its own discretion at a later date.

Signature of Parent/Legal guardian

PARTICIPANT INFORMATION

Names	M/F	Birth date	Grade	Cell	Allergies/Special Needs
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any Additional Information: _____

PARENT/GUARDIAN INFORMATION

Mother's Information:

Name: _____

Home Address: _____

Home : (____) _____ Work: (____) _____

Cell : (____) _____ E-mail: _____

Father's Information:

Name: _____

Home Address: _____

Home : (____) _____ Work: (____) _____

Cell : (____) _____ E-mail: _____

Volunteer opportunities:

I would like to help with Children's and Youth ministries:

- | | |
|---|---|
| <input type="checkbox"/> Sunday School Teacher (1-2 Sundays/month) | <input type="checkbox"/> Story teller (1 Weds/month) |
| <input type="checkbox"/> Classroom assistant (1 Sunday/month) | <input type="checkbox"/> Wednesday snack coordinator |
| <input type="checkbox"/> Classroom or nursery substitute (occasional) | <input type="checkbox"/> Check-in supervisor (1 Weds/month) |
| <input type="checkbox"/> Worship Bag coordinator | <input type="checkbox"/> Gym supervisor (1 Weds/month) |
| <input type="checkbox"/> Sunday Youth Dinner Coordinator | <input type="checkbox"/> Arts and Crafts (1 Weds/month) |
| <input type="checkbox"/> Youth group assistant (1 time/month) | <input type="checkbox"/> Wednesday Youth Dinner Coordinator |
| <input type="checkbox"/> Chaperone/driver for outings | <input type="checkbox"/> Helping with special events |

All volunteers must complete the Safeguarding God's Children training offered by the Episcopal Diocese of Oregon.