

AGREEMENT AND RELEASE

This Agreement and Release is between _____
 (“Participant”, “I”, “Me” or “My”) and The Domestic and Foreign Missionary Society
 (“DFMS”) regarding the participation of Participant in the Episcopal Youth Event 2014/ 3 Days
 of Urban Mission (“Events”).

1. Participant Conduct and Indemnity. I agree to completely obey and comply with all rules of conduct established by DFMS and to comply with all terms of this Agreement. I hereby agree to indemnify, defend and hold harmless, DFMS and other participants from and against all consequences of my violation or breach of this Agreement.
2. Assumption of Risk, Release and Waiver. On behalf of myself, my heirs, family, successors and assigns and any other persons having claims by or through me, I hereby fully, without qualification or limitation (a) assume all risks and (b) fully and forever release DFMS from, and waive any and all claims for, damage to or loss of property, injury, illness, death or economic loss, known or unknown, anticipated or unanticipated, arising directly or indirectly in any manner whatsoever from or during the Events or my participation in them.
3. Photo/Video Release. I hereby grant DFMS permission to use my likeness in a photograph or video in any and all publications, including website entries, without payment or any other consideration. I further understand and agree that these materials shall become the property of DFMS and will not be returned to me. I hereby authorize DFMS to edit, alter, copy, exhibit, publish or distribute such photo or video for purposes of publicizing DFMS’ programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of such photograph or video.
4. Governing Law and Venue. This Agreement shall be governed by the laws of New York without regard to conflicts of law. Any claim or dispute relating in any way to this Agreement of the Events shall be resolved by arbitration.

I hereby certify that I am the Parent/Guardian of Participant named above and do hereby give my consent without reservation to the foregoing on behalf of Participant.

Participant Signature and Date

Signature and Date

Printed Name

Printed Name

EYE and/or 3 DAYS OF URBAN MISSION CONTACT INFORMATION

Participant's Information:

Name: _____

Cell Phone: _____ Back Up #: _____

Address: _____

City: _____ State: _____ Zip Code _____

E-Mail: _____

DOB: _____ Sex: _____

Ethnicity: _____ Cultural background: _____ (optional)

Diocese: _____ Province: _____

Parent/Guardian Information:

Name: _____

Address: _____

E-mail: _____

Cell Phone: _____ Alternate #: _____

Work Phone: _____

Alternate emergency Cell # _____

Alternate emergency contact: _____

Relationship: _____

PERSONAL HEALTH AND MEDICAL INFORMATION /AUTHORIZATION

_____, my son/daughter/guardianship, has my permission to participate in the Episcopal Youth Event 2014/3 Days of Urban Mission.

If I cannot be reached by phone, the Staff Officer or one of the conference staff members has my permission to authorize medical treatment for my son/daughter/ guardianship. This authorization includes the securing of medical, dental, emergency or hospital treatment, including surgery, x-rays, drugs and anesthesia. I hereby certify that I have read and fully understand the above authorization for medical treatment. I accept all financial responsibility for the same. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

DATE OF LAST TETANUS BOOSTER_____

DIETARY OR SPECIAL HEALTH REQUIREMENTS_____

MEDICAL CONDITIONS _____

PRESCRIPTIONS/OVER-THE-COUNTER MEDICINES/TREATMENT REGIMENS

ANY OTHER CONCERNS THAT WE SHOULD BE MADE AWARE OF _____

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S NAME AND ADDRESS

PARENT/GUARDIAN'S HOME /CELL/ WORK PHONE NUMBERS

MEDICAL INSURANCE INFORMATION (Please attach a copy of both sides of your medical insurance card.)