

St. Paul's **HUNGER STRIKE 2023**
Participant Waiver and Release of Liability Form

Effective dates: April 1 & 2, 2023

I, _____ (print your name) acknowledge that my child's participation in St. Paul's Hunger Strike Lenten Youth Retreat is voluntary and may require involvement in activities that require physical exertion. Such activities may include, but are not limited to: walking, running, jumping, small group activities, and discussions. Therefore, in consideration of my child being allowed to participate in the Hunger Strike retreat activities, I agree to the following:

1. St. Paul's Greek Orthodox Church and its organizers, volunteer advisors, and group leaders are not responsible for the loss or theft of personal belongings, physical discomfort or ill effects of the Hunger Strike activities, which include fasting.
2. Misconduct may result in the dismissal of a student. The parent or guardian will be required to pick student up at St. Paul's. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.
4. I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns:

- A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for any disability, personal injury, death, property damage, property theft, or actions of any kind which may hereafter occur to my child from this activity, THE FOLLOWING ENTITIES OR PERSONS: St. Paul's Greek Orthodox Church, its Priests, the Parish Council, its employees, volunteers, representatives, or agents;
- B) For my child, I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or otherwise.

I hereby assume the risks of my child participating in St. Paul's Greek Orthodox Church HUNGER STRIKE activities. The undersigned, _____ (parent or guardian's name), the parent and natural guardian, or legal guardian, of _____ (minor's name) hereby executes this document for and on behalf of the minor name herein. I agree and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Child's Name: _____

Parent or Guardian's Name: _____

Parent or Guardian's signature: _____

Parent or Guardian's telephone: _____

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Retreat – April 1 & 2, 2023

Medical Information Request, Medical Release AND Medical Authorization Form

To better serve your child, and to be prepared if needed, we ask you to complete this form. This information will not be disclosed to any person or entity unless medically required. Medications your child takes must be placed in a Ziploc bag clearly marked with student's name and dosage instructions.

Name of Participant: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Known Medical Conditions: _____

Medications (Current use): _____

Food and Drug Allergies: _____

Other Allergies _____

Emergency Contact Information:

Emergency Contact: _____ Relationship to Participant: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact _____ Relationship to Participant: _____

Home Phone: _____ Mobile Phone: _____

Physician's Name _____ Physician's Phone: _____

Insurance Company: _____ ID# _____

Policy Holder's Name: _____ Relationship to Participant: _____

Group/Policy #: _____

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____ (parent/guardian) hereby grant permission for any and all medical and/or dental attention to be administered to my child(ren), _____ in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

I also give my permission to the staff to administer Tylenol/Acetaminophen, Motrin/Ibuprofen, Benadryl (Diphenhydramine) or over the counter antacids, as needed.

Signature _____ Date _____

Relationship to Participant: _____ Phone Number: _____