



THE EPISCOPAL DIOCESE OF WEST TEXAS
Youth Release Agreement

Dear Parents and Guardians,

We at the Diocese of West Texas want to inform you of our safety precautions at all of our functions. Your child will be required by our staff to use the appropriate safety equipment for all activities. Even with safety equipment and our competent staff present, we at the Diocese of West Texas want you to realize that any outdoor and recreational activity has inherent dangers that no amount of care, caution, instruction or expertise can totally eliminate.

IT IS IMPORTANT THAT THIS FORM IS FILLED OUT, SIGNED AND DATED BY THE PARENT OR GUARDIAN AND RETURNED TO YOUR SPONSOR. YOUR CHILD WILL NOT BE PERMITTED TO ATTEND UNLESS WE HAVE RECEIVED ALL FORMS.

- In signing this document, I hereby certify that I give permission for my son or daughter to participate in the program offered by the Diocese of West Texas.
- I understand that pictures and videos are taken. I hereby give permission for the use of such pictures and videos of my child for the promotion of The Episcopal Diocese of West Texas.
- I hereby give permission to The Episcopal Diocese of West Texas to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the appointed sponsor to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.
- I hereby give permission for my child's belongings to be searched, with my child present, when the appointed staff/sponsor deems it necessary to protect the health, well-being, or safety of my child or others.
- I understand that the terms herein are contractual and not a mere recital.
- I have signed this document as my own free act and in consideration of the agreement by The Episcopal Diocese of West Texas to accept my child for the program chosen.
- I HEREBY AGREE BY EXECUTION OF THIS DOCUMENT TO RELEASE THE EPISCOPAL DIOCESE OF WEST TEXAS, THE STAFF, THE BOARD OF DIRECTORS, AND ALL OTHERS ACTING FOR OR ON BEHALF OF THE DIOCESE OF WEST TEXAS FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF ACTIVITIES SPONSORED BY THE EPISCOPAL DIOCESE OF WEST TEXAS.

Child's Name (PRINT) _____ Event _____

Parent/Guardian (SIGNATURE) _____ Date: _____

Parent/Guardian Name (PRINT) _____