The Episcopal Diocese of
Upper South Carolina

# Youth and Children's Ministry
## Participant Release of Liability and Assumption of Risk Agreement

_____ (full name of youth participant) has my permission to attend youth ministry programs hosted by the Episcopal Diocese of Upper South Carolina for the _____ academic year.

I, _____ {parent/guardian name}understand that all reasonable safeguards will be taken but that the Episcopal Diocese of Upper South Carolina, Gravatt Camp and Conference Center, any other host location, 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 Diocese of Upper South Carolina, Gravatt Camp and Conference Center, any other host location, 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.

I hereby release and hold harmless The Episcopal Diocese of Upper South Carolina, any other facility at which events are 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 releases or otherwise, except that which is the result of gross negligence and/or wanton misconduct.

In case of medical emergency, I hereby authorize and consent adult leaders approved by the Diocese to transport the participant to receive appropriate care. I also hereby authorize and consent to any xray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that 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 judgment of the physician.

I also release the Episcopal Diocese of Upper South Carolina to record my/my child's likeness, via still photo, video, or audio recordings, for use as promotional material for the Diocese. I understand that these recordings may be edited at the discretion of the Diocese, and that they may be published in promotional videos, brochures, diocesan newspapers, and diocesan websites. I hereby waive all rights to compensation for the use of these recordings.

Participant Signature _____

Parent/Guardian Signature _____

Date _____

*E-mail form to Lauren Wainwright at lwainwright@edusc.org.*