

**TRINITY EPISCOPAL CATHEDRAL
PERMISSION SLIP & RELEASE OF LIABILITY 2009-2010**

I, the parent/legal guardian of _____ give my permission for my son/daughter ("participant") to travel with and/or participate in youth activities ("activities") with representatives of Trinity Episcopal Cathedral ("Trinity") (including, but not limited to, Charissa Simmons) ("activity leaders").

I understand that the safety and well being of all participants in these activities will be of utmost concern of 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 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 TRINITY AND ANY TRINITY 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, MY CHILD'S PROPERTY, OR MY PROPERTY, WHETHER OR NOT SUCH INJURY IS CAUSED BY NEGLIGENCE.

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

I represent to Trinity that I am the natural parent or legal guardian of the above named child, that I consent to the child's participation in activities associated with Trinity during the year of June 2009 to August 2010, and that I agree to abide by the rules and regulations, supervision, and discipline set and applied by Trinity and its agents.

I give my permission for my son/daughter to attend functions with Trinity during the time period of [June 1, 2009-August 31, 2010.] 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 Trinity Episcopal Cathedral, it's employees, and Diocesan staff, to use my child's photograph on its World Wide Web site, bulletin boards/posters, or in other Trinity or Diocese of Oregon printed publications without further consideration, and I acknowledge Trinity's right to crop or treat the photograph at its discretion. I also acknowledge that Trinity may choose not to use my child's photo at this time, but may do so at its own discretion at a later date.

Signature of Parent/Legal guardian