

The Episcopal Church in Western Oregon

Diocesan Youth Covenant

Below is the covenant we expect all persons to abide by while participating in diocesan youth events. By signing this covenant, you agree to the following terms:

- I will respect the dignity of every human being.
- I will respect the personal privacy and space of others.
- I will not engage in any aggressive behavior towards another person.
- I will not engage in any bullying, fighting, or discrimination towards another person.
- I will not use abusive or offensive language or name-calling.
- I will not threaten anyone.
- I will not engage in any activity that presents a serious risk of personal injury or emotional harm to myself or another person.
- I will not intentionally harm another person.
- I will not engage in sexual advances or unwanted, inappropriate, or offensive touching towards another person.
- I will not bring or use any weapons, firearms, or use an item or tool in a dangerous or inappropriate manner.
- I will not use tobacco, cannabis, hallucinogens, illegal drugs, or other controlled substances for which I do not have a prescription.
- I will not drink alcohol.
- I will use common sense and good judgement.

By signing this document, I confirm that I have read and commit to the above covenant. I understand that failure to abide by this covenant will result in my departure from the event, subject to restrictions or exclusions from future events, or potential involvement with law enforcement.

Youth Signature _____

Youth Printed Name _____

Parental or Guardian Signature _____

Parental or Guardian Printed Name _____

Date _____

Diocesan Youth Permission Form

Name: _____

Date of birth: _____ Age: _____ Grade: _____

Gender: _____ Pronouns: _____

Congregation: _____

E-mail address: _____

Allergies: _____

Special dietary needs (vegetarian, etc.): _____

Name of parent/guardian(s): _____

Home address: _____

City, state, zip: _____

Phone number: _____

Medical insurance plan: _____

Policy number: _____

Alternate Emergency contact: _____

Relationship to participant: _____

Phone number: _____

- **Medical Release:** As the parent or legal guardian of the minor named above, I understand that, in the event that emergency medical intervention is required for my child while they are at a diocesan youth event, every attempt will be made to contact me or the alternate contact provided. In the event that I or the alternate contact cannot be reached in an emergency during the course of a diocesan youth event, I hereby give permission to the Episcopal Church in Western Oregon to hospitalize, secure treatment for, and to order injection, anesthesia or surgery for my child, and to have my child medically treated by a licensed physician, nurse, or hospital staff during the time period described. I also understand that the Episcopal Church in Western Oregon does not provide medical insurance for expenses of these treatments. Therefore, all expenses would be the responsibility of the family of the child requiring treatment.

- **Liability Waiver:** I understand that all reasonable safety precautions will be taken at all times by the church and its paid and volunteer staff during all youth events. I understand the possibility

of unforeseen hazards and know of the inherent possibility of risk. I agree not to hold the church, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by my minor child, as named herein.

- **Photo Release:** I consent to the use, by the church, of any photographs or visual or audio recording in which my minor child may appear. I understand that these materials will be the property of the diocese and may be used for promotion of specific youth events or the youth ministry of the diocese, including recruitment and fundraising efforts. I understand that pictures and/or recordings of my minor child will not be given or sold to any third party.
- **Assessment of Risk:** I understand that participation in any diocesan youth event involves a certain degree of risk. I have carefully considered the risk involved and have given my child my consent to participate in the diocesan youth event.

Signature of Parent / Guardian _____

Printed Name of Parent / Guardian _____

Date _____

Please download and submit the form to Tamara Knowles at TKnowles@ecwo.org.