

# PYT Participant Release Form

Delegation Name: **Great Rivers Presbytery**



Participant Name: \_\_\_\_\_  
*LAST FIRST MIDDLE*

Badge Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at PYT: \_\_\_\_\_

Identifying Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Participant Role:  Adult Advisor  Youth  Work Crew  Caregiver  Global Partner

Participant Cell Phone \_\_\_\_\_

Participant Email: \_\_\_\_\_

Participant Home Address: \_\_\_\_\_  
*STREET*  
\_\_\_\_\_  
*CITY / STATE / ZIP*

## For youth participants, this MUST be completed:

Parent/Guardian full name: \_\_\_\_\_

Parent/Guardian Information:  
Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Office #: \_\_\_\_\_

Email \_\_\_\_\_

Preferred Roommate \_\_\_\_\_

T-Shirt Size:  
 S  M  L  XL  XXL  XXXL 4XL

Special Needs: Does the participant require a caregiver?  Y or  N  
If "yes", name of caregiver: \_\_\_\_\_

Check where applicable:  
 Wheelchair or motorized chair  Hearing loss/impairment  Visual Impairment  
 Diabetic  Asthma  Other: \_\_\_\_\_  
Describe "Other": \_\_\_\_\_

Please list any Allergies: \_\_\_\_\_

Daily or Necessary Medications: \_\_\_\_\_

Does this medication require refrigeration?  Y or  N

**Critical Medical / Health Information**

Is there any information regarding your health or your child's health that would be helpful for PYT Staff to be aware of as we care for you/them during PYT? (Ex. Mental or Emotional Issues/Health Issues?):

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Primary Care Physician's Name: \_\_\_\_\_

Primary Care Physician is located in: *(City and State)* \_\_\_\_\_

Medical Insurance?     YES     NO

Medical / Health Insurance Company: \_\_\_\_\_

Medical Insurance Policy#: \_\_\_\_\_

**TRIENNIUM RELEASE AND EVENT GUIDELINES**

All participants are required to read and complete this section of the form. Youth participants should have a parent/guardian read and complete in addition to their own completion.

In consideration of the opportunity to participate in the PYT, and in consideration of other obligations incurred, I hereby agree as follows:

I do hereby agree to participate, or give permission for my minor child to participate, in any and all activities of the PYT.

I hereby give the Presbyterian Church (U.S.A.), A Corporation, its affiliated institutions, related entities and its ecumenical partners permission to make and use photographs, images, quotes, video and/or audio recordings of myself and/or my minor child, identified above, on a perpetual, worldwide, and irrevocable basis in any and all media, including, but not limited to, websites, social media, print, cable, and broadcast media without submission or re-submission to me for approval.

I understand that the photographs, videos, images, quotes, recordings, voice and any audio of myself and/or my minor child may be used for any and all purposes of the Presbyterian Church (U.S.A.), A Corporation, its affiliated institutions, related entities and its ecumenical partners including use on their web page, social media, cable and broadcast use without re-submission to me for approval. I understand that third parties accessing the web page and social media can download this material, and I release Presbyterian Church (U.S.A.), A Corporation, its affiliated institutions, related entities and its ecumenical partners from any liability to me, my heirs or assigns in connection with or arising out of such downloading by third parties.

I hereby state that I and/or my minor child is in good health and has all medications necessary to treat any allergic or chronic conditions, and that I and/or my minor child can self-administer such medications without assistance.

If at any time during the PYT that I and/or my minor child needs emergency medical care, I authorize the chaperones, caregivers, volunteers, and adults who are providing care to me and/or my minor child during the PYT ("Caregivers") to make emergency medical care decisions for me and/or my minor child if emergency decisions are necessary and I do not respond to a call or text. Said decisions include the right to consent to, arrange for, and

authorize any and all medical or surgical diagnoses or treatment including, but not limited to, x-ray, MRI, anesthesia, surgery, blood transfusion, and hospital care to be rendered to me and/or my minor child under the supervision and on the advice of any physician or medical professional. **If the Caregivers need to contact me as parent/guardian of my minor child during the PYT they can contact me at this number:** \_\_\_\_\_ by call or text. It is my intent that in case of an emergency no medical treatment be delayed or withheld from me and/or my minor child due to my absence or unavailability. This grant of authority shall be in effect from the period of July 16, 2019 through July 20th, 2019. I authorize any medical provider to bill any charges incurred to my medical insurance listed below and agree to reimburse any medicine, clothes, food or other necessary supplies for my and/or my minor child's benefit. I understand that if I or my minor child do not have medical insurance that the Presbyterian Church (U.S.A.), A Corporation purchases a secondary insurance policy that is in effect July 16, 2019 - July 20, 2019 for injuries or illnesses that occur during the PYT. I understand and agree that I, as a participant or parent/guardian of the minor named herein, am responsible for all payments and costs not covered by the Presbyterian Church (U.S.A.), A Corporation secondary insurance policy and which arise from medical care provided to me or my minor child. I understand that I, and not Presbyterian Church (U.S.A.) or any Caregivers, am responsible for making contact with the medical care provider following treatment regarding any follow up treatment and payment arrangement.

I fully understand and agree that I specifically release and hold harmless Presbyterian Church (U.S.A.), A Corporation and the Caregivers from any and all liability, claims, and causes of action which may arise from making those emergency medical care decisions and any and all liability associated with said decisions. I fully understand and agree that Presbyterian Church (U.S.A.), A Corporation, its staff members, successors, assigns, officers, agents, representatives, ministry divisions, and entities and Caregivers shall not be responsible or liable in any way for medical decisions, emergency or otherwise, that they make for me and/or my minor child nor for any accident, loss, death, injury or damage to me and/or my minor child or their property, in connection with the Event or any portion of the Event. Further, I do hereby agree to indemnify and hold Presbyterian Church (U.S.A.), A Corporation and Caregivers harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the Event or any portion of the Event. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against Presbyterian Church (U.S.A.), A Corporation and Caregivers related to the Event, but I do not release claims of gross negligence.

## **COMMUNITY LIFE GUIDELINES - PYT 2019**

This week we will be living together, youth and adults, in Christian community. Christian community is based on love, respect, trust, and support. Each of us as a member of the community is important. By signing the Triennium Covenant, we promise to abide by the following guidelines for the life of this community.

1. Respect the rules and property of Purdue University.
2. Refrain from the use of alcohol and other illegal drugs during the Triennium.
3. Refrain from smoking in residence halls and prohibited areas of other campus buildings.
4. Refrain from sexual behavior including sexual intercourse or other inappropriate sexual activities (to the spirit of the Triennium) with a partner other than your spouse.
5. Participate in **all** scheduled Triennium activities and honor all meeting times.
6. Wear name badges and wristbands at all times.
7. Meet daily with my assigned residence hall covenant group.
8. Follow the curfew rules as they are communicated in the schedule or by community announcements.
9. Sleep in my assigned room so that I may be reached in case of an emergency.
10. Play audio equipment with the consideration of others in mind.
11. Covenant to NOT traveling off the university campus unless accompanied by an adult and only during official "free" hours.
12. Understand that weapons of any type are prohibited on campus, at the airport, or in transit to and from the event.

13. Refrain from using cell phones and headphones (or other digital devices) in any scheduled event (worship, small group, covenant group) and covenant to silence cell phones during scheduled events unless invited otherwise by the leader.
14. Covenant to FIRST contact assigned Adult Advisors or PYT Community life staff in the event of an illness or injury.
15. Covenant to demonstrate the depth and width of Christ's love and mercy to my fellow Triennium participants; listening with interest, behaving kindly toward others, casting aside judgment, sharing my thoughts and faith and working to be compassionate and full of grace.
16. Using "downtime" to sleep, rest, reflect on the day's events and my relationship with others, with the church and with God.
17. Worship with the posture of eagerness, awareness and listening; listening for the Spirit's movement and seeking to understand how God's word as spoken and proclaimed at the Triennium might connect with me and my life.
18. Understand that someone (participant or leader) might speak from their own personal experience - share an opinion or example with which I might not agree but that I can hear and consider or compare to my own thoughts and experience. To listen to differing opinions/experiences with a sense of humility and courtesy.

In a community based on Christian love, respect, trust, and support, each Triennium participant is responsible for their own actions. However, if any member of the community continually demonstrates a lack of love, respect, trust, and support for themselves, others, or the property of the community, then they may be sent home at the sole discretion of the Triennium. By my completion of this form I am indicating that I have read and am agreeing to the Presbyterian Youth Triennium Community Life Guidelines the PYT Community Life Guidelines and understand that in registering for PYT I am agreeing to live and participate fully under these guidelines. I understand that if it is determined that I am not able to live under this covenant I can be sent home from the Triennium at my family or delegation's expense.

**PARTICIPANT ACKNOWLEDGEMENT/SIGNATURE:**

By signing my name below, I hereby certify that I fully understand and agree to the above consent and release information and acknowledgements.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian of Youth Participant Acknowledgement / Signature:

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

By signing my name below, I hereby certify that I fully understand and agree to this Consent and Release on behalf of the minor listed above and confirm that I am the parent or guardian of that child and I am authorized to give this Release on behalf of the minor.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_