



# Delmarva Chrysalis

## Team member Release of Liability and Consent Form

(Under 18 at time of event)

### DISCLOSURE

The purpose of gathering the information on this form is to provide leader(s) with the information needed to facilitate the activities of youth participating in the Chrysalis Weekend activities and to be able to respond in the event of an emergency. This form is to be completed and signed by the parent/guardian prior to the weekend.

Name of participant _____	Birth Date _____
Address _____	Home Phone _____
City, State, ZIP _____	Cell Phone _____

### PHOTOGRAPHY/VIDEO RELEASE

Throughout the Chrysalis Weekend, leaders may take photos and/or video of persons participating in activities. These photos and/or short videos may be displayed on the Delmarva Chrysalis website and/or our authorized Facebook Group. Potentially some photos may be used in a Community newsletter, publication or promotional material in which case specific permission to publish names would be sought; otherwise, names are not published. By signing below, I consent to the use of images of child/ward as indicated.

### AUTHORIZATION FOR MEDICAL TREATMENT

This release and consent gives Chrysalis permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Chrysalis permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Chrysalis and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

### RELEASE OF LIABILITY

I understand that participating in Chrysalis activities is a privilege. In consideration of this privilege, I release Chrysalis, including its directors, volunteers, employees and agents from and against any liability or claims for any loss, costs, damages, or injuries (including reasonable attorneys' fees and expenses) in any way arising from their participation in the Chrysalis Weekend.

I understand the program will include traveling by bus or in vans from New Castle County, Delaware to Camp Pecometh, Queen Anne's County, Maryland, from Camp Pecometh to a nearby church, and from Camp Pecometh back to New Castle County, Delaware.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Chrysalis harmless from any claim asserted by me against Chrysalis, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

Signature of minor participating \_\_\_\_\_ Date \_\_\_\_\_

I am an adult with decision-making authority for the above participant. I have read all of the above conditions and understand and agree to them. I have made sufficient inquiries to make an informed decision whether or not the participant should participate, and I give permission for the participant to attend.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Delmarva Chrysalis Release of Liability and Consent Form, continued

Name of participant: \_\_\_\_\_

## INFORMATION FOR EMERGENCIES

Policy for participation in the Delmarva Chrysalis program requires that every participant have Health/Accident insurance coverage or waiver. In addition, certain Health/Medical information must be made known to the leader(s) conducting the program, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it with your application.

Name of participant \_\_\_\_\_

### Parent/Guardian Contact Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address \_\_\_\_\_

### Alternate Emergency Contact Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Work Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Group No: \_\_\_\_\_

Phone \_\_\_\_\_ Insured under whose name? \_\_\_\_\_ Subscribers I.D. #: \_\_\_\_\_

Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

If participant is not Currently Insured - Chrysalis reserves the right to subrogation if it is later determined that personal medical insurance was in place. Delmarva Chrysalis is compliant with the Health Portability and Accountability Act (or HIPPA). I understand that my personal insurance will be primary coverage for any accident and that Chrysalis's policy does not cover illness.

Does the participant have any: limiting physical disabilities or handicaps (temporary or permanent)?  Yes  No  
allergies, reactions to medications, or any other medical limitations?  Yes  No

If yes to either of the above questions, identify and explain: \_\_\_\_\_

Is the participant currently taking any medications, prescribed or otherwise?  Yes  No If yes, please list below\*:

<u>Medicine Name</u>	<u>Used For</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Please attach additional sheet if required

The participant may bring these medications with them. Any/All Medications must be sent in their original containers.

Over the counter medications (Tylenol, ibuprofen, benadryl, antacid, etc) may be administered to the participant as needed. Please indicate if there are any over the counter medications the participant should NOT receive (please attach additional sheet if required):

\_\_\_\_\_

I give Chrysalis leader(s) my consent to distribute medication to the participant.

Signature: Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_