



# Delmarva Chrysalis Release of Liability and Consent Form

## 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 \_\_\_\_\_

