



Delmarva Chrysalis

Team member Release of Liability and Consent Form

(18 or older 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 participant 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 me as indicated.

AUTHORIZATION FOR MEDICAL TREATMENT

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

I understand that every effort will be made to contact my listed Emergency Contact person. However, in case of emergency, if they cannot be reached, I hereby give Chrysalis permission to act on my behalf in seeking medical treatment by qualified personnel for me in the event that such treatment is deemed necessary or advisable for my 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.

By signing below, I agree that this release shall be binding upon me and my estate, heirs, personal representatives and assigns. I also promise, 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.

Signature of participant _____ Date _____

