# <u>Delmarva Chrysalis</u>



# 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\_\_\_\_\_

## Delmarva Chrysalis Request for Reservation: Emergency Contact Information

(For participants who will be 18 OR OLDER during the weekend)

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.

#### Emergency Contact Information

Name		Home Phone	
Address		Cell Phone	
City, State, ZIP		Work Phone	
Relationship			
Alternate Emergency Contact Information			
Name		Home Phone	
Address		Cell Phone	
City, State, ZIP		Work Phone	
Relationship			
Health Insurance Co	(	Group No:	
Phone Insured under who	ose name?	Subscribers I.D. #:	
Participant's Physician		Phone	
If participant is not Currently Insured - Chrysalis re insurance was in place. Delmarva Chrysalis is com my personal insurance will be primary coverage for	pliant with the Health Portability and	Accountability Act (or HIPPA). It	
	ical disabilities or handicaps (tempora ctions to medications, or any other me		[ ] No [ ] No
If yes to either of the above questions, identify	/ and explain:		
Is the participant currently taking any medication <u>Medicine Name</u>	s, prescribed or otherwise? [] Yes <u>Used For</u>	[] No If yes, p <u>Dosage</u>	lease list below*:
* Please attach additional sheet if required The participant may bring these medications with	n them. Any/All Medications must be s	sent in their original containers.	
Over the counter medications (Tylenol, ibuprofen, if there are any over the counter medications the I give Chrysalis leader(s) my consent to distribute	benadryl, antacid, etc) may be adminis participant should NOT receive (pleas	stered to the participant as neede	