



# Episcopal Diocese of Southern Virginia

## *Adult Leader Information Form for Youth Events*

Name	Nickname		Gender
Address	City	State	Zip
Phone	Email		
Parish Name and City	Your Role in the Parish		
Event Name	Event Dates		
Event Location	Event Cost		
Diet Restrictions?	Allergies?		
Serious Medical Conditions?	Mobility Restrictions?		
Next of Kin Name	Next of Kin Phone		

Have you completed Safe Church training in the past 3 years?  Yes  No

If yes, please list the date and location of training:

If no, please contact Susan Allen at [sallen@diosova.org](mailto:sallen@diosova.org) or 757-213-3391 to complete your training prior to the event.

**Release**  
 I believe that I am capable of participating fully in the above named event without causing injury to myself or to the detriment of the community. I understand that if I do not live into the Community Covenant I will return home at my expense and effort. I am aware that participating in this event may involve traveling by bus, plane, car or train and that drivers may be professional or approved adult leaders. I acknowledge and accept the risks inherent with the travel involved and with this knowledge in mind and agree to travel with the appointed leaders. I understand that photos and video may be taken at events sponsored by the Episcopal Diocese of Southern Virginia for publicity purposes, and I consent to the reproduction and distribution of my likeness. In case of emergency I understand that every effort will be made to contact my next of kin before authorization of emergency treatment is given. In the event that my next of kin cannot be reached, or if immediate attention is required, I hereby authorize the leaders of the event to appoint a licensed medical professional to provide treatment on my behalf and I agree to assume responsibility for all medical expenses. I agree to hold harmless the Episcopal Diocese of Southern Virginia, adult leaders, event coordinators, designated medical professionals and the agents of said bodies in the event of accident or injury.  
**Please attach a copy of the your insurance information and driver's license. These documents will be destroyed after each event.**

Signature	Date
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Make checks payable to the *Episcopal Diocese of Southern Virginia*, Memo: *Event Name*. Please mail the completed form with payment to:  
 Episcopal Diocese of Southern Virginia, 11827 Canon Blvd., Suite 101, Newport News, VA 23606 or FAX: 757-595-0783