

HORA RE:2019 ORL Youth Conference

Liability Release Form

Effective Dates: July 3, 2019 — July 6, 2019

INFORMATION

Full Name _____ DOB _____ Male/Female

Church _____ Phone # _____

Home Address _____

EMERGENCY CONTACT INFORMATION

List all phone numbers where the emergency contact can be reached (type: i.e. home, cell)

Name _____ # _____ Type _____

Name _____ # _____ Type _____

CONSENT

I, _____ ("Participant"), agree to attend and participate in any and all HORA RE:2019 ORL Youth Conference activities, events, retreats and childcare during the period of July 3, 2019 — July 6, 2019.

LIABILITY RELEASE: In consideration of HORA Ministries and Orlando Green Hill Church regarding any and all HORA RE:2019 ORL Youth Conference activities (including worship services, meetings, activities, events, retreats, lock-ins) I, the undersigned, do hereby release, forever discharge and agree to hold harmless HORA Ministries/Orlando Green Hill Church, its pastors, directors, employees, staff members, volunteers, teachers, officers and steering committee members (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by myself while involved in all HORA RE:2019 ORL Youth Conference activities. I agree to participate fully in HORA RE:2019 ORL Youth Conference activities, including trips away from the church premises.

Furthermore, I hereby assume any and all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in any and all of the HORA RE:2019 ORL Youth Conference activities involved therein in addition to any negligent, willful or intentional acts of other participants. I further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of myself, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize a staff member to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to myself under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to myself.

EARLY RETURN HOME POLICY: Should it be necessary for me to return home due to medical reasons, disciplinary action or otherwise, I shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: I agree to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by HORA Ministries and Orlando Green Hill Church. I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Name of participant

_____ **x** _____
Signature

Date

MEDICAL INFORMATION

INFORMATION (Please Print)

Full Name _____

Home Address _____

Phone # _____ (Cell / Home) DOB _____

EMERGENCY CONTACT INFORMATION

List all phone numbers where the emergency contact can be reached (type: i.e. home, cell)

Name _____ # _____ Type _____

Name _____ # _____ Type _____

MEDICATION:

List all medications you will take during the HORA RE:2019 ORL Youth Conference activities (worship services, meetings, activities, events, retreats, lock-ins). This includes any prescription, non-prescription medications, herbal supplements and vitamins

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Over-the-Counter Medication Permission: Do you give permission to adult staff members to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

NO. I will treat my non-emergency medical condition myself.

Signature _____

Yes. I give permission for an adult staff member to administer approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know:

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HORA Ministries/Orlando Green Hill Church Guidelines

The following rules and guidelines are equally binding on adult leaders/chaperones and youth participants.

NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- All participants of the HORA RE:2019 ORL Youth Conference MUST reside in the assigned hotel rooms

BREAKOUT SEMINAR GUIDELINE

Breakout Seminars will serve as practical seminars on topics pertaining to life. We are aware that there is a large age gap between the participants and the content of each seminar will vary. Please note that there may be topics where sensitive and mature language may be used.

CONFERENCE GUIDELINES

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

Youth Participant's (or Staff Member's) Statement: By signing this form, I pledge to honor God and respect others during this activity by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x _____

Participant's Signature

Date

HORA RE:2019 ORL Youth Conference Photo Release Form for Participants

I agree that HORA Ministries and Orlando Green Hill Church may photograph and record my likeness and activities (Images)¹ during all event-related activities. I grant the following rights to HORA Ministries and Orlando Green Hill Church and affiliated churches: permission to use and re-use, publish and republish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge HORA Ministries and Orlando Green Hill Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am at the age of, or above, 18 and have the legal capacity to sign the release for myself.

Participant's Name (print)

Participant's Signature

Date

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.