

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F  
 Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Town/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_  
 Congregation/Town \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Special Needs \_\_\_\_\_

I agree to abide by the event covenant, which includes positive participation in the work projects, worship, small group and learning activities; abstinence from sexual activity, use of tobacco, alcohol and illegal drugs; respect for other participants and sponsors; observance of lights out and care for the property of others. If I break the covenant, I understand that I may be sent home at my parent's expense.

Signature of participant \_\_\_\_\_

I understand the event covenant and agree to pay for the return airline ticket (may exceed \$1000) if my son or daughter breaks the covenant.

Signature of parent \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT IN CASE OF ILLNESS OR INJURY**

I authorize Tammy Jones West or any of the sponsors/leaders of the NC Synod 2010 service trip to obtain medical treatment for the named minor should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport.

Minor \_\_\_\_\_ Date of birth \_\_/\_\_/\_\_\_\_  
 Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_  
 Insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Name of insured \_\_\_\_\_

**RELEASE FROM LIABILITY**

I/We release the NC Synod, its representatives, van drivers, Coach USA, (if applicable), the School Board of Upper Darby, Pennsylvania, Weed and Seed of Upper Darby, and the organizations served during the NC Synod 2010 service trip from liability in the event of injury, accidental death or illness of the minor named.  
 I/We also release the participant's name as part of an information database for the synod and ELCA related entities, and grant the synod and ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Participant/Minor \_\_\_\_\_  
 Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_