Release of Liability for Youth Event

For and in consideration of participation in **LAS POSADAS being held at ST. PHILLIPS EPISCOPAL CHURCH** 2660 Hardy Dr, Lemon Grove, CA 91945 on Friday, **DECEMBER 19, 2025 at 6:00 to 9:00pm.**

I acknowledge and agree that:

1. By virtue of my participation, I risk serious bodily injury.
2. I knowingly and freely assume all such risk.
3. I allow my child to be transported by chaperones to off-site locations as required in the trip schedule.
4. I (we), the undersigned parent(s)/guardian(s), do release, hold harmless and promise not to sue The Episcopal Diocese of San Diego, St. Phillip's, their officers, agents, employees and chaperones, with respect to any and all such injury, except that injury or loss which results from the gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I will inform my child that he/she must follow all safety rules and instructions or directions given during participation in the event, and that my child's failure to follow instructions may result in my obligation to retrieve my child if requested. My child and I (we) realize that participation in the trip is voluntary.

Authorization for Medical Treatment of a Minor

In accordance with California Family Code Section 6910, I (we) give authorization to a physician or surgeon, licensed under the provisions of the Medical Practice Act, for our child to receive care and/or emergency medical treatment when necessary. I understand that every attempt will be made to contact me should such a situation arise. I understand and agree that any expenditure incurred for the care and transportation of the above named minor is my responsibility.

Filming and Photo Release for Children

I hereby **grant/do not grant** to St. Phillip's and to its employees, agents, assignees, chaperones and The Episcopal Diocese of San Diego the right to photograph and film my dependent and use the photo and or film or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

Participant's Legal Name_____

Participant's Date of Birth_____

Address: _____

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above.

Parent/Guardian's printed name: _____

Parent/Guardian Signature:_____

Phone: _____ Date: _____

Emergency Contact printed name: _____

Phone: _____