

**YOUTH COVENANT  
and  
PERMISSION-RELEASE FORM**

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Youth's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_/\_\_/\_\_

PART ONE: Youth Covenant

I, the above-named youth and the below-named parent/guardian, agree that such Youth will follow the community covenants which will be negotiated by the entire group as announced by leadership. We also agree that such Youth shall abide by the following non-negotiable community norms:

1. Will not bring or use non-prescription drugs or alcohol.
2. Will not leave the specified community boundaries.
3. Will respect the judgment of adult supervisors in all situations.

We understand that one of the consequences of not abiding by the above agreement in that such Youth may be sent home immediately at the expense of the Youth's Parents and/or Guardians.

Youth's Signature \_\_\_\_\_ Date \_\_\_\_\_, 2006

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_, 2006

PART TWO: Permission-Release Form

As Parent or Guardian of the above-named Youth, I attest that such Youth is in good health and that I know of no physical, mental, or emotional reason that would prohibit him or her from attending youth group activities, including travel within the United States from **August 1, 2005 to August 31, 2006**. I understand that every reasonable measure and precaution will be taken to ensure the good health and safety of the participant and therefore I waive any liability of St. David's Episcopal Church and the Diocese of Atlanta and their staff, vestry and board, volunteers, and agents representing them, for personal injury or death, or damage to or the theft of personal property, while traveling to or from and attending the activities of the youth group.

I give my permission to have said Youth medically treated by a licensed physician, physician's assistant, nurse, or clinic or hospital staff during the time period described. I understand that I will be contacted as soon as practical in such event.

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Food Allergies \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

>>>>>> OVER to page 2 <<<<<<<

Name of natural or adoptive Parent or legal Guardian: \_\_\_\_\_

Emergency numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Additional Emergency names and numbers:

Name \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

I hereby agree to the forgoing Permission-Release on my behalf and on behalf of such Youth.

Parent's / Guardian's Signature \_\_\_\_\_

STATE OF GEORGIA )  
COUNTY OF FULTON )

The forgoing Permission-Release Form was acknowledged before me today, on \_\_\_\_\_, A.D., 2006, by the above-signed Parent or Guardian of the above-named Youth, and such Parent or Guardian is (check A or B):

- A. \_\_\_ personally known to me, or
- B. \_\_\_ produced the following as identification (check 1, 2, or 3):
  - 1. \_\_\_ Georgia driver's license.
  - 2. \_\_\_ U.S. Passport.
  - 3. \_\_\_ Other (describe) \_\_\_\_\_

\_\_\_\_\_  
Notary's Signature  
Notary, State of Georgia

(affix notary seal)