

Event Location:

Event Date:

PARTICIPANT MEDICAL & LIABILITY FORM (REQUIRED)

Name _____ Gender _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ 2nd Phone (Is this work or cell?) _____

Church/School _____ Email _____

LIABILITY WAIVER

Safety is of paramount importance in this event. For the protection of all involved, this disclaimer is necessary. I do not hold the Board, members, or employee of the Society of St. Andrew (SOSA), nor any volunteer, liable for any injury, bodily harm, accidents or death of myself / my child during events sponsored by the Society of St. Andrew. Neither will I hold the person(s) who owns and / or operates the farm(s) from which we glean, the agencies in which we volunteer, or the places where we stay liable for accidents, injury, or death during the events.

I give my permission for the Society of St. Andrew to use any photo and video in which I appear that are taken at events for news stories and promotional materials including newsletters, reports, websites, conference displays, and other appropriate publicity of the Society of St. Andrew.

Signature _____ Date _____ Signature _____ Date _____
Participant Parent/Guardian if participant is under 18 years of age

MEDICAL INFORMATION

Please print clearly and fill in this form to the best of your knowledge. Attach an extra sheet if necessary.

List any allergies to medicines, foods, insect stings, etc. _____

Date of last tetanus shot _____

List any history of serious illness (diabetes, asthma, epilepsy, etc.) or recent injuries or hospitalization _____

What medications are presently being taken? _____

List any concerns of which group leaders should be aware: _____

In the event (name) _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in this event, on the recommendation of the doctor, after consultation with the adults in charge of this event, I hereby give my permission for any medical treatment which may be deemed necessary and reasonable under the circumstances, understanding that the coordinator or other responsible person will contact me at the earliest possible moment. I fully understand and comprehend that reasonable care will be exercised by the adult staff for this event to protect the safety of those involved.

Signature _____ Date _____ Signature _____ Date _____
Participant Parent/Guardian if participant is under 18 years of age

Health Insurance _____ Policy # _____ -

Notify in case of emergency during this event:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ 2nd Phone (Is this work or cell?) _____



HARVEST OF HOPE COVENANT OF CONDUCT

A Way of Life For Our Community of Faith in Action

We want everyone who attends Harvest of Hope to enjoy the experience. These guidelines ensure the safety of all involved. Everyone is expected to abide by this covenant and to hold each other accountable. The following covenant guidelines are designed to keep everyone happy, healthy, and able to enjoy the Harvest of Hope experience.

1. I will keep my conduct within the highest Christian regard and respect for all.
2. I will attend all scheduled sessions and activities on time. This includes arriving on time for registration and not leaving until the end of the last scheduled event.
3. I will respect the privacy of all participants, and I will not visit in rooms of people of the opposite sex.
4. I will not change my room or group assignments without the permission of the Event Coordinator.
5. I will not possess or use alcoholic beverages or any illegal substances (including drugs, fireworks, etc.).
6. I will not smoke or use any tobacco products at Harvest of Hope.
7. **I will not bring or purchase junk food or soft drinks.** Good nutrition is an important part of Harvest of Hope. All of my snacks and meals will be provided.
8. I will not leave the designated retreat center without permission of the Event Coordinator.
9. I will keep all curfews. Rest is required for hard work and concentration.
10. I will respect the unique perspectives expressed by all present, including my own.

In applying to attend Harvest of Hope, I agree to assume responsibility for my personal conduct in keeping with the principles of Christian faith. I also understand that violation of such principles will result in appropriate action by the leadership team. Action may include notification of parents, being sent home early, exclusion from future events, or other appropriate action.

Participant's Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

Parent's Day Phone # _____ Evening Phone # _____