



# Unitarian Universalist Church of Arlington, Va.

4444 Arlington Boulevard, Arlington, Virginia 22204 | 703-892-2565 | [www.uucava.org](http://www.uucava.org)

## Participant Information (Please Print)

Name: \_\_\_\_\_ DOB (MMDDYY): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (over 18): \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of **Unitarian Universalist Church of Arlington, Virginia (UUCAVA)** : \_\_\_\_\_ (hereafter "the activity") on or about \_\_\_\_\_, 20\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release **UUCAVA**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **UUCAVA** its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity either to, from or during the duration of the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

I hereby give my consent and authority to the UUCAVA advisors to take any reasonable action to help insure the safety, health and welfare of my child. I further understand that my child will be required to follow specific rules of the event and understand that a breach of these rules may result in my child being sent home at my expense.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

**Rev. Aaron McEmrys, Senior Minister**  
**Rev. Dr. Linda Olson Peebles, Minister of Faith in Action**



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## Rules\*\*:

- The NO rule applies at all times. The use of the word “NO” is a signal for others to cease behavior which may cause any member of the group to feel uncomfortable.
- No illegal drugs. Members may not use or have illegal drugs or paraphernalia in their possession at any time during any event. No abuse of legal drugs such as prescription medications. All medications MUST be listed in the Medical Information section.
- No weapons.
- No violence.
- No possession or use of alcohol.
- No sexual activity (one person per zippered sleeping bag).
- No smoking or possession of cigarettes.
- No leaving the building or event site without permission or adult supervision.
- All participants will follow the specific rules of any given event or activity.

## Participant acknowledgement:

I have read the above listed rules and acknowledge them as my guide for participation in the event. I understand that if I break a rule, my parent/legal guardian will be notified and that I may be removed from further participation in the event.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*The group has committed to their own covenant – their commitment to each other and the group. While these are the rules that UUCAVA imposes on the group, their covenant stands as a strong bond, and demands much more than just a list of rules.

**Rev. Aaron McEmrys, Senior Minister**  
**Rev. Dr. Linda Olson Peebles, Minister of Faith in Action**