

Cathedral Church of St. Paul, Burlington, Vermont

Participant Permission and Release: A participant permission and release must be filled out and submitted for every participant (adult and child) and presented at check-in.

Participant Name	_____
Adult or Student (Circle One)?	Student Age: _____
Parent/Guardian Name:	_____
Parent/Guardian Address:	_____
Parent/Guardian Phone (cell):	_____
Spy Trip Date of Participation:	_____

- In consideration of being allowed by the Cathedral of St. Paul to participate in the Spy trip (aka “the Program,” I hereby agree that:
- I agree to accept and abide by the rules and regulations of the Program as established by the cathedral and to obey the direction of the Cathedral’s representatives.
- I understand that video production and/or photography may be conducted during the Program. I grant full and irrevocable consent to the Cathedral Church of St. Paul and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright publish, or otherwise use my photographic likeness.
- I understand that neither medical nor health insurance coverage is supplied by the Cathedral Church of St. Paul and that the participant is responsible for all insurance coverage and any medical fees.
- I understand and expressly assume the risk of any and all damage, injury, death, or harm which may occur to me or my property.
- I forever release and discharge the Cathedral Church of St. Paul, its officers, directors, employees, volunteers, agents, assigns and insurers from any and all claims or liability arising out of or in connection with my and/or my child’s participation in the Program. This release includes libel, invasion of privacy, negligence, or other fault that results in personal injury, death, or property damage during or in connection with the above program or activities. This release will be construed according to the law of Vermont. This Permission and Release form shall inure to the benefit of licensees and assigns of the Cathedral, and shall be binding upon myself and/or my child, spouse, and my/his/her heirs, estate, personal representatives, and assigns.

This document contains a release of claims. Please read it carefully before signing.

I acknowledge that I have received, read, understood, and agreed to the above and I voluntarily sign this Participation Release agreement.

Undersigned (Participant):

Print

Signature

Parent or Legal Guardian if participant is a minor:

Print

Signature

Upon my return from this trip, I understand that as a participant, I will be responsible for turning in a written reflection about this trip and orally presenting my reflection at the worship service(s) designated by the SPY leader and the Dean on the date selected by the Dean.

Undersigned (Participant):

Print

Signature