O.Y. use only: **E: 1 2 3 4 5 6 7 8 9 10 11 12 SAT: NT R LT**

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organic-youth.org @OrganicYouthWNY
A ministry supported by Lutheran Charities of WNY & St. John's Lutheran Home for Children

2016-17 Adult Leader Information & Release Form

Directions:

- Please complete entirely and sign below. **ONE PERSON PER FORM.**
- Give this form to your church group leader to bring-or you can bring it yourself-to any Organic Youth program or event.
- This form is valid for all Organic Youth programs.
- Once completed, you do not need to complete another form.
- For each program, be sure to register, and (if there is a cost involved) pay what is owed by each program's deadline.
- **This form expires August 31, 2017.**

A.—Adult Leader Information

Name: _____ Gender: _____ Birthdate: ____/____/____

Address: _____ Phone: (____) ____-____
STREET CITY STATE ZIP CODE

If you want to get updates on upcoming programs, please provide either or both:

Youth Email Address: _____ Cell Phone: (____) ____-____

Church & City of group you are a part of: _____

Employer Name and Number: _____ (____) ____-____

Drivers License ID Number: _____ State Issued: _____ Expiration Date: ____/____/____

If for any reason you prefer not to answer the next two questions on this form, you may discuss your answer in confidence with Organic Youth staff.

Have you ever been convicted of or pleaded guilty to physical or sexual abuse, child neglect or rape?: Yes / No

Do you have any personal experience with child abuse that you would like to discuss with someone prior to participating in an Organic Youth program? Yes / No

B.—Emergency Contact and Health Information

If involved in an emergency and are unable to notify anyone, please notify:

1. Name: _____ Relationship: _____ Phone: (____) ____-____

2. Name: _____ Relationship: _____ Phone: (____) ____-____

Any allergies, special dietary needs, recent serious injuries or operations, current or recent exposure to illness/disease?

Yes / No If yes, please explain: _____

This form is not complete until you read carefully and sign below!

C.—Adult Leader Consent and Release Statement

As an Adult Leader for any and all Organic Youth programs, I agree to:

- Assume complete and full responsibility for the supervision and care of all of the youth in my care at any given time.
- Live by all rules and expectations set at each program for the youth in attendance.
- Be willing and able to assist and serve in various duties involved in operating programs, including but not limited to: food service, building security, basic maintenance tasks, etc.
- In the event I am involved in an emergency and are unable to give consent, granting permission for myself to be taken to a doctor or hospital as selected by Organic Youth Staff or emergency personnel, share the medical information listed on this form and authorize any needed medical treatment unless noted on your person (such as a medical alert bracelet) or medical records.
- My personal healthcare insurance as being primary coverage for any incidents requiring related care.
- Any video images, photographs, and/or audio recordings of myself being used and distributed as Organic Youth deems fit on an anonymous basis unless otherwise permitted by myself, any youth in my care and parents.
- ONLY my contact information (Section A above) being included in a database to be notified of other Organic Youth and related programs.
- Making sure that transportation to and from all ministry programs for all of the youth in my care shall be arranged with either the Parent, myself or other responsible party.

I hereby confirm that all responses to the questions on this form are true, and that I have voluntarily chosen to participate in any and all Organic Youth programs effective until the expiration date noted above. I am aware that such participation presents risks of personal injury, property loss, or damage to participants. I expressly and voluntarily assume all such risks that may result from my participation in any and all Organic Youth programs.

I hereby release Organic Youth and will indemnify and hold harmless Organic Youth, its agents, affiliates, and successors from all liability for injury, death, or other loss or damage resulting from my participation in any and all programs. I have read this agreement and release and fully understand its contents and agree to the terms. I sign it of my own free will.

Adult Leader Signature: _____

Make a copy of this form and keep for your records.