

Colorado East Baha'i School

An agency of the National Spiritual Assembly of the Bahá'ís of the United States

All Adult (18+) Members of the Family/Group Must Sign Below

In signing below, you hereby authorize _____
to act as the family or group leader on yours and your child(ren)'s behalf and accept the following terms and conditions of the Colorado East Bahá'í School, held on these dates: September 2 – 5, 2022.

1. The family or group leader may sign the following forms on your behalf:
 - a. Medical release (for minors)
 - b. Waiver of liability
 - c. Photo release
 - d. COVID-19 Agreement
2. That the information the family/group leader gives is correct and/or you accept/assume the liability for the leader signing for you and your family members under 18.
3. You release the National Spiritual Assembly of the Bahá'ís of the United States, any of its officers, directors, employees, agents and authorized agencies thereof such as the Colorado East Bahá'í School committee of any liability or claim that may incur in connection with the Colorado East Bahá'í School program.

Adult 1: _____ Date: _____
(Print Name) *(Signature)*

Adult 2: _____ Date: _____
(Print Name) *(Signature)*

Adult 3: _____ Date: _____
(Print Name) *(Signature)*

Please list any allergies and/or Medical concerns for adults in your group:

Adult 1: _____

Adult 2: _____

Adult 3: _____

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Medical Release for Minors (under age 18)

I, the undersigned parent or guardian of:

Child 1:

Child 2:

Child 3:

Child 4:

...who are all minors, do hereby authorize **Colorado East Bahá'í School**, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables Colorado East Bahá'í School to arrange medical care for my dependant minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from 9/2/2022 – 9/5/2022 only while my child is attending the **Colorado East Bahá'í School**.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name, Relationship & Phone: _____

Additional Emergency Contact: _____

Family Physician Name and Telephone: _____

Medical Insurance Company & Policy #: _____

For each child, please list any known Allergies, Disabilities, Limiting Health Conditions, or Active Medications:

Child's Name **Medical Information**

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Waiver of Liability

Completion and return of waiver is required before participation in event.

Location: LaForet Conference & Retreat Center; 6145 Shoup Rd. Colo. Springs CO 80908

Dates: September 2 - 5, 2022

Sponsored by: Colorado East Bahá'í School; An agency of the National Spiritual Assembly of the Bahá'ís of the United States

Please Read this Waiver before Signing

I understand that during participation in this event one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness.

If a minor attending with a sponsor, the parent/guardian has advised sponsor of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby assume all risks and dangers and will hold harmless the National Spiritual Assembly of the Bahá'ís of the United States, the Bahá'í School Committee, all local Spiritual Assemblies, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

Medical Insurance Company: _____ **Policy #** _____ **Phone:** _____

Group/Family Representative Signature

Date

Photo & Audiovisual Release

This **Colorado East Bahá'í School** event is a public space. Photos may be taken during your visit and shared in publications (websites, e-newsletters, and other promotional materials). If this is not acceptable for you or any of your guests, please let us know by requesting and filling out a **Photo Decline Form**. Please Note this does not cover photos taken and used by other guests (social media, etc.)

*Please confirm your understanding regarding use of photos. I have read and understand this information regarding the use of photos.

Group (family) representative Signature

Date

Covid-19 Participation Agreement

For attendance at overnight gatherings (family camps, etc)

In light of the Covid-19 pandemic and the importance of keeping our family, friends and neighborhood safe, the overnight gatherings will be moving forward in adherence with local state and county health department guidelines. We are asking all participants and their parents to sign the following agreement before participating in any overnight gatherings such as intensives or camps.

My family has reviewed the list of symptoms below and we are not experiencing these symptoms. We are also not aware of being exposed to anyone that has exhibited these symptoms or tested positive for Covid-19 within the last 5 days.

- Fever, chills, cough, shortness of breath, fatigue, muscle aches, headache, loss of taste or smell, sore throat, nasal congestion or rhinorrhea, vomiting or diarrhea, and skin rashes

Parent Signature (on behalf of all family members attending)

Date

We will follow all safety protocols as instructed by camp facilitators to the best of our ability during our stay. We understand that if any of us exhibit symptoms and/or test positive for Covid-19 we may be asked to isolate and transportation home will need to be arranged. .

Parent Signature (on behalf of all family members attending)

Date

All of my family members attending understand that, whether or not we are personally vaccinated, that we will be attending an overnight gathering with both vaccinated and unvaccinated participants and this may increase the risk of contracting Covid-19. With this understanding we wish to attend the overnight gathering and we accept this level of risk by signing below.

Parent Signature (on behalf of all family members attending)

Date

As a parent, I have read all of the above, I understand how the overnight gathering will be carried out, and I give my permission for my family to participate.

Parent Signature (on behalf of all family members attending)

Date