

BRING COMPLETED FORM  
TO EVENT CHECK-IN

## EpiscoWisco Youth Fall Lock-In Agreement and Authorization Form For Students, Parents/Guardians , & Adult Chaperones

### Student & Adult Chaperone Agreement

A parent/legal guardian will discuss with student(s), in an age-appropriate manner, and have them show agreement by their signature.

- I agree to respect and obey the direction of those in charge, including rules explained to me at the time I attend the EpiscoWisco Youth Fall Lock-In.
- I agree not to use electronic devices in a way which is disruptive. I understand that if such use is determined to be disruptive, the device(s) may be taken away to be returned to me at the conclusion of the event.
- I understand using tobacco, alcohol, illegal drugs, and/or weapon at the EpiscoWisco Youth Fall Lock-In is not tolerated and I will be sent home if I am found using them or in possession of them.
- I understand that sexual misconduct is not tolerated at the EpiscoWisco Youth Fall Lock-In, and I may have to leave the event if I am found committing it.

X \_\_\_\_\_  
Camper Signature Print Name Date

### Parent/Guardian/Adult Chaperone Agreement & Authorization

Camper's parent/legal guardian will affirm agreement and authorization with their signature.

- I understand the student is not to attend the EpiscoWisco Youth Fall Lock-In if they are sick or awaiting results of medical tests.
- I give permission for this student to attend and participate in all activities of the EpiscoWisco Youth Fall Lock-In, unless otherwise specified in writing.
- I understand a secondary insurance policy for life, accident, sickness, and disability is in force from the time a student leaves home through the time the student returns home and agree to provide information necessary for processing any claim as a beneficiary of this coverage.
- I give permission for this student to ride in any vehicle designated by the adult in charge.
- I will take no civil action against EpiscoWisco Camp, the Episcopal Diocese of Wisconsin, associated agencies, or persons in whose care the student has been entrusted for normal care.
- I understand EpiscoWisco Camp and the Episcopal Diocese of Wisconsin are not responsible for lost or stolen items.
- I understand I may receive a refund of fees payments in the event of cancellation.
- I understand religious services are part of the EpiscoWisco Youth Fall Lock-In.
- I understand I will assume all transportation costs if the student needs to leave the event.
- I give permission for images of the student to be used for promotional purposes, unless otherwise specified in writing.
- I give permission for student contact information to be used for EpiscoWisco Camp/EpiscoWisco Youth Event purposes, unless otherwise specified in writing.

X \_\_\_\_\_  
Parent or Legal Guardian Print Name Date

Additional information or written limitations may be added on the reverse side of this page.



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