

**2011 Carmel Bahá'í School for Youth**  
Sponsored by the Western Oregon Bahá'í School,  
an agency of the National Spiritual Assembly of the Bahá'is of the United States

Facility: SKY Camp, 83930 Peninsula Road, Fall Creek, OR 97438

Date: June 27 to July 02, 2011

**Participant's Name (Last First)** \_\_\_\_\_

- Participant is a **Youth, under 18** (parent/guardian signs this form)  
 Participant is an **Adult, 18 years or older** (participant signs this form)

## Waiver of Liability

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, individual or team sports activities, hiking or other risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness. I have advised the Western Oregon Bahá'í School 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'is of the United States, the Western Oregon Bahá'í School Committee, the Carmel Task Force, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name: \_\_\_\_\_

## Medical Release

I, as the parent/guardian of the participant, do hereby authorize the Western Oregon Bahá'í School, or its designated representative, as agents of the undersigned, to consent to any and all necessary immediate medical or surgical treatment deemed advisable by any physician or surgeon licensed under the Medical Practice Act.

This authorization shall remain effective from June 27 to July 02, 2011, while my child/ward is attending Carmel Bahá'í School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name: \_\_\_\_\_

## Emergency Contact Information

### Medical Insurance Company

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Family Physician

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent/Guardian

Mobile #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Email: \_\_\_\_\_

### Alternative Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Conditions

Any known allergies: \_\_\_\_\_  
Known reactions to medicines: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Any limiting health conditions,  
special needs, last tetanus shot, etc. \_\_\_\_\_

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## Publicity License Agreement

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I hereby grant a limited, royalty free license to the National Spiritual Assembly of the Bahá'is of the United States, an Illinois not-for-profit corporation, with offices at 1233 Central Street, Evanston, Illinois 60201, to use the name, likeness or image of the participant in any printed or electronic version for purposes of advertising the Western Oregon Bahá'í School.

Signature: \_\_\_\_\_  
Printed name: \_\_\_\_\_

Date: \_\_\_\_\_