

PARATHOSI

PARATHOSI 2019 Permission Waiver

ATTENTION PARENTS: Please read the following carefully before signing.

I/We, _____ as parent/legal guardian(s) of _____

Parent/Guardian Name

Participant Name

give permission for my/our child to be involved in all activities related to the PARATHOSI program, a ministry of the Direct Archdiocesan District Youth Office and hosted at Queens College, Lefrak Concert Hall, in Flushing, NY unless I/we specify otherwise.

I/We understand that the right is reserved to make changes to the schedule of events during PARATHOSI for the safety, comfort, or convenience of the participants, whenever, in sole judgment of the Director of Youth Ministry, as such changes are deemed necessary.

I/We understand that no responsibility is incurred by the Direct Archdiocesan District Youth Office, Queens Theatre in the Park, or the Greek Orthodox Archdiocese of America, its leaders, employees, and volunteer staff, for loss of documents, or damage any personal belongings.

I/We understand that possession or use of alcohol, drugs, controlled substances and weapons is not allowed at any time by anyone. Participants possessing or using alcohol, drugs, controlled substances and weapons are subject to being sent home immediately.

I/We understand that photos may be taken of all activities and participants. I/We also understand that photos and videos may be used for the purpose of future promotion of the program. Therefore, we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my/our child during PARATHOSI to be used, distributed, or shown as the Direct Archdiocesan District Youth Office and/or the Greek Orthodox Archdiocese of America see fit.

I/We understand that PARATHOSI reserves the right to send home any participant who does not follow the guidelines of the event.

I/We understand that all reasonable safety precautions will be taken at all times by the Direct Archdiocesan District Youth Office and its agents during the program. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Direct Archdiocesan District Youth Office, Queens College, or the Greek Orthodox Archdiocese of America, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I have read, understood and completed all pages of the Parent/Guardian Release Form. I understand that a completed, signed Parental Release Form must be submitted for each participant in order to partake in the program. If I wish to change this form in any way, I understand that I must complete and sign a new Parent/Guardian Release Form.

Print Full Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please sign, date and mail, email, or fax, the original copy of this document by January 4th, 2019 to The Greek Orthodox Archdiocese of America (Attn: DAD Youth Office) at the address below. 8 E 79th St New York, NY 10075 Fax: (347) 229-1927 Email: parathosi@goarch.org Participant registration will not be considered complete until this signed form has been received.