



Permission forms for PYE /Power of Hope Camp  
July 29 - August 5, 2018  
Whidbey Institute on Whidbey Island, Washington

Dear Parent or Guardian,

Please fill out the following forms and return them to:

PYE/Power of Hope  
PO Box 1481  
Langley WA 98260

If you have any questions, please contact [susan@pyeglobal.org](mailto:susan@pyeglobal.org).

### **Medical and Emergency Permission Form**

I hereby give permission that I/my child may be given emergency treatment by a qualified staff member of PYE/Power of Hope. I also give permission for me/my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that the participant's emergency contact cannot be reached, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for me/my child by a licensed physician or hospital selected by the PYE/Power of Hope staff when deemed immediately necessary or advisable by the physician to safeguard my/my child's health. I have read, understand, and agree to the above listed statement and do sign this agreement of my own free will.

Signature of parent/legal guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

## Hold Harmless Parental Release Form

This information is necessary for your participation in the PYE/Power of Hope camp. Each line must be initialed by a Parent or Guardian. If the participant is 18 years old, he/she/they may complete this form:

### Please initial each statement and sign below

**I permit my youth** to participate in the PYE/Power of Hope summer camp on July 29 - August 5, 2018. \_\_\_\_\_

**I hereby hold harmless** PYE/Power of Hope, its employees, officers and agents, and any leaders of PYE/Power of Hope from any and all responsibility and liability of any nature that may arise during the gathering, from circumstances beyond PYE/Power of Hope's control. \_\_\_\_\_

**I hereby hold harmless** PYE/Power of Hope, its employees, officers and agents, and any leaders of PYE/Power of Hope from any and all responsibility and liability of any nature that may arise if the named participant leaves the grounds of the program without authorization, or otherwise goes against the basic program guidelines listed on the application form. \_\_\_\_\_

**Insurance:** It is the responsibility of every individual, their parent or legal guardian to provide their own accident and health coverage while participating in all PYE/Power of Hope activities. I understand that PYE/Power of Hope does not provide any accident or health coverage for its participants. \_\_\_\_\_

**Participation:** I give permission for my child to participate in activities, field trips, and swimming and to be transported in vans or private automobiles as authorized by PYE/Power of Hope. \_\_\_\_\_

**Valuables:** We ask that youth do not bring cell phones, iPods, CD players, headsets or other equipment to camp unless they are needed for travel. Participants will be asked to check any valuables in with the camp manager for safe keeping at registration. This includes electronic equipment, passports, money and any other valuables. Participants will not need any money during camp. I understand that my youth needs to check in valuables with the camp manager at registration and that PYE/Power of Hope cannot take responsibility for any missing valuables at camp. \_\_\_\_\_

**Photo Release:** I give permission for PYE/Power of Hope or those who have the written consent of PYE/Power of Hope to use photo or videos of my child for purposes of promoting future PYE Global/Power of Hope programs. I expressly release PYE/Power of Hope, your agents, employees, licensees, and assigns from any and all claims in which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the use of these photographs and video.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Does this youth** have a history of behavioral or other problems such as substance abuse, involvement with the criminal justice system or mental health issues?

No \_\_\_\_\_ Yes \_\_\_\_\_ **If so, please elaborate in writing or by phone.**

### **Behavioral Guidelines**

Although PYE/Power of Hope helps youth make positive decisions, it is NOT a treatment program. Within the clearly defined boundaries and structure of the program, youth have many opportunities to make choices at PYE/Power of Hope events. As such, youth who are unable to manage their behavior without full-time supervision are not appropriate for this program. We cannot accept youth who have a history of running away from programs, or who have exhibited any predatory sexual behavior or other behaviors that put themselves or others at risk. It is incumbent on you to speak with us if you have any questions about whether a particular youth is appropriate for this program.

I have read, initialed, and understand the above terms and have completed this form to the best of my ability.

**Participant's Name:** \_\_\_\_\_

**Participant's Signature (if 18 or over):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Name (Please Print):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_