# **Chaplain Training**

Location: River Road UU Congregation, 6301 River Rd. Bethesda, MD 20817

CONSENT FORM

PARENTAL CONSENT: I, (print) am the parent/legal guardian of the youth named above. I hereby give my consent and authority for the Training Staff to take any reasonable action to help ensure the safety, health and welfare of my child. I also give my consent for any necessary medical treatment, including emergency surgical care if needed. I will cover the costs incurred. I understand that my child is required to follow the rules of the Training, and that a breach of those rules may result in my child being sent home at my expense. I understand that some workshops may take place off-site and that only licensed, insured adult drivers 25 or older will transport participants.

Signature of Parent/Guardian: Date:

DRIVERS: We ask that drivers take the responsibility to attain adequate sleep on Friday night and to follow traffic regulations. If you are driving, please sign below as your commitment to follow these guidelines.

Signature of Driver: Date:

PHOTOS:  No photos are to be taken of me (skip below)  It’s okay to take my Picture

Photo Release: I, (print), of sound mind and body, do hereby give my permission to JPDYSC, to use my photograph or photographic image in official conference business, including DYSC Web sites

It is agreed that the use of my photograph or photographic image shall in no way be used in any other forum other than for official DYSC business.

Signature of Parent/Guardian: Date:

**Questions? Contact Andrew Mertz,** [**Andrew@jpduua.org**](mailto:Andrew@jpduua.org)

Or at 302-757-9408, which will also be the emergency contact number for this event.