



5. What do you hope to do or learn at EYE? How would you bring back what you experienced at EYE back to the Diocese of Texas?

**PARENTAL CONSENT**

In signing this document, I hereby certify that I give my permission to my child to participate in this event sponsored by the Episcopal Diocese of Texas.

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others.

I understand that pictures and videos of my child may be taken at this event. I hereby give permission for the use of such pictures and videos to be used for the promotion of Division of Youth events.

I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending this event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, and there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

I understand that the terms herein are contractual and not a mere recital.

Child's name (print) \_\_\_\_\_

Custodial Parent or Legal Guardian Signature:

Date \_\_\_\_\_

Custodial Parent or Legal Guardian Name (print)

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## PARISH PRIEST CONSENT

I recommend \_\_\_\_\_ to apply to attend the Episcopal Youth Event. I have known this person for \_\_\_\_\_ years and feel they would benefit from this experience.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT AGREEMENT

I understand that if I am chosen to go to EYE, that I must abide by all rules and norms (including refraining from using illegal drugs and alcohol, and not engaging in inappropriate sexual behavior), and that I may be asked to attend an orientation to prepare for this event. By submitting this application I am not formally registering for the event, only submitting my request to be admitted. I may be asked to share about my EYE experience with other youth and adults in the diocese, and in my own congregation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out completely and return by **January 30th**, 2011

to:

The Rev. Beth Magill

St. David's Austin

304 E. 7<sup>th</sup> Street

Austin, TX 78701

bethm@stdave.org

## General Information about EYE –

EYE is a real experience of our Episcopal Church. It is a multi-cultural experience. EYE is a once in a lifetime opportunity to gather with 1800 other young people.

We will hold an Orientation meeting that will be mandatory for attendance. We will set the dates of the orientation together around the group's schedules.

**\*\*Please make sure that you have the signature of your parent(s)/guardian AND your priest!**

**\*\*You must be active in one of the congregations in the Diocese of Texas to be able to attend EYE!**

**\*\*The cost of EYE will be \$275 plus Travel (approximately \$300)**

For more information about EYE, go to:

<http://www.episcopalyouthevent.org/>