



Parental Consent and Medical Authorization

On behalf of participants under 18 years old

Sponsor (name of Chi Alpha Charter): Chi Alpha at the University of Virginia

Description of Chi Alpha Activities: Chi Alpha at UVA Fall Retreat 2026 (activities include but not limited to: yard games, sports, hiking)

Date(s) and Location(s) of Activities: All activities take place October 16-18, 2026 at or near Gore, VA.
Venues include, but not limited to Pine Creek Retreat Center

Minor's full legal name: _____ **Minor's Birth Date:** ____/____/____

Parent/Legal Guardian name: _____ **Relationship to minor:** _____

Parent's email: _____ **Parent's phone:** _____

Parent's address: _____

PARENTAL CONSENT: I am the parent or legal guardian of the minor named above ("Minor") and authorize the Minor to participate in the listed event and its associated activities and transportation. Transportation may include vehicles operated by Chi Alpha staff or volunteers, carpools, rental vehicles, commercial carriers, or public transportation.

ASSUMPTION OF RISK: I understand that participation is voluntary and may involve travel, physical exertion, recreation, sports, outdoor activities, unfamiliar locations, use of facilities or equipment, illness, acts of other persons, and delayed access to medical care. These activities involve known and unknown risks of injury, illness, death, or property damage. I knowingly accept and assume, for myself and to the extent permitted by law on behalf of the Minor, all risks inherent in or reasonably related to participation, including travel to, from, or during the event.

CONDUCT: I understand that the Minor must follow event rules and reasonable directions from event leaders and may be restricted from an activity or removed from the event when necessary for safety or conduct.

INDEMNIFICATION: In consideration for the Minor being permitted to participate, and to the extent permitted by law on behalf of the Minor, I release and agree to hold harmless the Sponsor; Chi Alpha Campus Ministries, Incorporated; and their respective directors, officers, missionaries, staff members, employees, volunteers, agents, and representatives (collectively, the "Released Parties") from claims, liabilities, losses, or expenses arising from injury, illness, death, or property damage related to the Minor's participation. TO THE MAXIMUM EXTENT PERMITTED BY LAW, THIS RELEASE EXPRESSLY INCLUDES CLAIMS ARISING FROM THE ORDINARY NEGLIGENCE OR FAULT OF ANY RELEASED PARTY. This release does not apply to gross negligence, reckless conduct, willful or wanton misconduct, intentional misconduct, or liability that cannot legally be released.

OPTIONAL PHOTOGRAPH, VIDEO, AND AUDIO PERMISSION:

Please select one. This choice will not affect the Minor's eligibility to participate.

☐ YES, I authorize the Sponsor and Chi Alpha Campus Ministries Incorporated to photograph or record the Minor and to use the Minor's image, likeness, or voice, without the Minor's name, in ministry communications without compensation.

☐ NO, I do not authorize photographs, video, or audio of the Minor for promotional use. I understand that incidental inclusion in group images and/or background images may not be preventable.

SPECIFIC REQUESTS: List any activity restrictions or special accommodations that are needed for the Minor:

EMERGENCY CONTACTS:

1. Name: _____ Relationship: _____
 Phone: _____ Alternate phone: _____

2. Name: _____ Relationship: _____
 Phone: _____ Alternate phone: _____

MEDICAL AND INSURANCE INFORMATION:

Family physician: _____ Physician phone: _____
 Insurance company: _____ Policy/group number: _____
 Policyholder: _____ Member ID: _____
 Allergies and expected reactions: _____
 Current medications and dosage/instructions: _____
 Medical conditions, dietary needs, activity limitations, or other information important to the Minor's care: _____

EMERGENCY MEDICAL AUTHORIZATION:

I authorize the Sponsor and its representatives to provide first aid, contact emergency services, arrange transportation, and obtain reasonably necessary medical examination or treatment for the Minor if I cannot be reached promptly or delay could endanger the Minor's health or safety. I authorize the medical provider to provide such care and to disclose any information reasonably necessary to coordinate the Minor's care and contact me or the emergency contacts listed above. I accept financial responsibility for medical care, medication, emergency transportation, and related expenses, except to the extent another person or organization is legally responsible. I understand that the Sponsor and Chi Alpha Campus Ministries Incorporated do not promise to provide or pay for medical or travel insurance. I will notify the Sponsor of all material health changes before the event.

GENERAL PROVISIONS: If any provision of this Agreement is unenforceable, it shall be limited or severed without affecting the remaining provisions. This Agreement shall be governed by Missouri law, except where another jurisdiction's mandatory law applies. No oral statement or representation alters this Agreement.

PARENT OR LEGAL GUARDIAN ACKNOWLEDGMENT

I certify that I have legal authority to consent for the Minor; that I have read and understand this two-page Agreement; that it includes consent to participate and travel; and that I knowingly and voluntarily accept its assumption of risk, release of ordinary-negligence claims, indemnification obligation, and medical authorization.

Parent/Legal Guardian Signature: _____ **Date:** _____