



## NATIONAL YOUTH GATHERING 2024 - NEW ORLEANS

### Video Intros

Checkout at [htlcdbq.com/learn](http://htlcdbq.com/learn)

### ELCA Mission

Checkout [elca.com/youthgathering](http://elca.com/youthgathering)



### Travel Information (Tentative)

Parent Drivers to and from O'Hare

Fly O'Hare to New Orleans July 16th in the morning

Return to O'Hare afternoon/evening July 20th

Final/exact flight information will be determined after all registrations are submitted

### Lodging

Hotel will be near venues

Details will be confirmed in late winter/early spring

Average of 3 to a room

### Cost/Fundraising (Tentative)

- HTLC has designated funds set aside for some of the costs
- We will fundraise as a group for most of the cost
- The designated and fundraising amounts depend on the number of registrations we receive
- \$375 deposit due with registration as participant contribution
- HTLC never wants cost to be a barrier to participation. Registration fee assistance is available
- Participants help with planning and fundraising

ELCA YOUTH TRIP SAMPLE BUDGET	
Registration	\$ 375.00
Airfare	\$ 450.00
Hotel	\$ 275.00
Meals	\$ 300.00
Incidentals	\$ 100.00
<b>Total</b>	<b>\$ (1,500.00)</b>

## Registration Information

Registration forms and deposits/registration fee of \$375 is due October 29th to the office.

Those who need financial assistance should submit a statement of up to 100 words to Pastor Jason no later than October 14th. Requests for financial assistance will be kept confidential.

## Chaperones

The ELCA National Youth Gathering is a life changing opportunity for youth that attend. Chaperones are vitally important as guides and mentors both in preparation and on the trip. Please fill out the form at the QR code below if you are interested in serving in this way. Please submit your application and a registration form to the office by October 18th. Decisions regarding chaperones will be communicated to those interested by November 1st.

In order to make The Gathering as successful as possible for our youth, the number of chaperones/adults who can attend is determined by the number of youth we have registered.

# of Youth	# of Adults
2-6	2-3
7-13	3-4
14-20	4-5
21-27	5-6
28-34	6-7

Chaperones must be Safe Gatherings trained and background checked, or be willing to do so.

## Chaperone Interest Form



NATIONAL YOUTH GATHERING PARENT INTEREST FORM

## Key Dates

October 14th - Financial Assistance Deadline

October 18th - Chaperone Interest and Registration Forms Due

October 29th - Registration Deadline & First Meeting

July 16-20th - The Gathering, New Orleans, LA

*Details may change as we work together to plan as a group*



## Getting Registered Checklist

### Youth

Submit to the office by October 29th:

- Completed registration packet
- Registration fee of \$375 made out to HTLC (not applicable to those seeking financial assistance - see below)

Financial Assistance:

- Submit a statement of 100 words or less to Pastor Jason by October 14th (PastorJason@htlcdbq.com)

### Adult Chaperones

Submit chaperone interest form online (see QR code in this packet)

Adult registration packet

◀ Back

kate@htlcdbq.com

## Youth Participant

### Basic Information

First Name \*

Last Name \*

Preferred Name \*

Email \*

Mobile Phone \*

Street Address \*

Zipcode \*

City \*

State \*

Gender \*

▼ Racial and/or Ethnic Identity \*

▼ T-Shirt size (adult sizes) \*

\*What grade is this person in at the time of registration?

8th Grade  9th Grade  10th Grade  11th Grade  12th Grade

Accommodations: (select all that apply)

- This person has limited mobility, but is able to board a bus with no assistance.
- This person uses a wheelchair full time.
- This person has a sensory processing disability that makes them sensitive to light.
- This person has a sensory processing disability that makes them sensitive to sound.
- For the purposes of our Accompaniment day, check here if this person is medically prohibited from prolonged exposure to sun or heat.
- For the purposes of our Accompaniment day, check here if this person is medically prohibited from handling certain food products.
- For the purposes of our Accompaniment day, check here if this person is medically prohibited from being around animal allergens.

Gathering Pre Events \*

Select Gathering Pre Events

### Financial Assistance

Financial assistance is available to youth participants in the form of registration-fee credits. Up to \$225 per youth participant may be provided to cover registration fees (aside from the deposit). Congregations may receive assistance for up to 10 youth. Applications are open until October 15. On October 16, applicants will be notified if they received assistance.

To apply, please share a brief statement of need (100 words or less) of the youth and/or their family, not the congregation or community.

Please be sure to submit unique statement of needs for each individual. They will be prioritized over generic or blanket statements. Please note that duplicate statements of need will not be accepted and automatically blocked.

[Apply Here](#)

✓ Add

# YOUTH PARTICIPANT REGISTRATION WORKSHEET

This worksheet is to help you prepare for the 2024 ELCA Youth Gathering, MYLE & the tAble registration process. All information must be entered into your congregational account by your primary adult leader.

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Gender Identity:  Female  Male  
 Gender non-conforming

Racial and/or Ethnic Identity:  
 African Descent or Black  
 American Indian or Alaska Native  
 Asian or Pacific Islander  
 Latino/a  
 Arab or Middle Eastern  
 European American or White  
 Multiracial/multiethnic

Grade level at time of registration:  
 8th Grade  9th Grade  
 10th Grade  11th Grade  
 12th Grade

T-Shirt Size:  Small  Medium  Large  
 X Large  XX Large  3XL  
 4XL

## Accommodations

- I have limited mobility, but can board a bus with no assistance.
- I am a full-time wheelchair user
- I have a sensory processing disability and am sensitive to light and/or sound.

For the purposes of your Accompaniment Day:

- I must limit my exposure to sun or heat for medical reasons.
- I am medically prohibited from handling certain food products.
- I am medically prohibited from being around animal allergens.

Additional Information regarding accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Relationship: \_\_\_\_\_  
Emergency Contact Mobile Phone: \_\_\_\_\_

## Gathering Pre-Events

- Register me for the Multicultural Youth Leadership Event (July 13-16, 2024).
- Register me for the the tAble (July 13-16, 2024).

## Part 1: Youth Participant Agreement

Please read carefully, sign and bring a copy to the 2024 Gathering.

I desire to participate in the Evangelical Lutheran Church in America's ("ELCA") 2024 ELCA Youth Gathering in New Orleans, LA, July 16-20, 2024, Multicultural Youth Leadership Event ("MYLE") and/or the tAble in New Orleans, LA, July 13-16, 2024, (collectively "Gathering"). In exchange for being allowed to participate in the Gathering, and the benefits derived from such participation, I knowingly and voluntarily sign and agree to be bound by this Participant Agreement ("Agreement"):

1. ELCA DIRECTIONS, RULES, POLICIES AND PROCEDURES. I shall abide by all ELCA directions, rules, policies and procedures for the Gathering.
2. PUBLICITY RELEASE. I grant the ELCA and its interactive learning exhibitors a worldwide, sub-licensable, perpetual, irrevocable, royalty free right (but not the obligation) to photograph, record (audio and visual), digitize, reproduce, distribute, prepare derivative works based on, publicly perform, publicly display, and otherwise use my name, image, likeness, voice, biographical information, and other personal characteristics as they may appear in photographs, recordings (audio and visual), writings, messages, artwork, and other materials (collectively, "Materials") related to the Gathering, in all formats and media now known or hereinafter created, for purposes related to the mission and ministries of the ELCA and its interactive learning exhibitors, including advertising, trade and commercial purposes related to the ELCA's mission and ministries. I ACKNOWLEDGE THE ELCA IS THE OWNER OF THE MATERIALS AND I HAVE NO RIGHT TO INSPECT OR APPROVE THE MATERIALS OR THE ELCA'S USE OF THE MATERIALS.
3. SOCIAL MEDIA USE AND LICENSE. I understand the ELCA maintains various social network profiles, messaging accounts, blogs, listservs, chat rooms, websites, and other online forums (collectively, "ELCA Social Media") which allow users to post, submit, publish, and/or display (collectively, "post") text, images, recordings, (audio and visual) and other content (collectively, "User Contributions"). I understand ELCA Social Media is a public forum and not confidential and that I should not post anything I wish or am required to keep confidential. I understand that I am responsible for the content of my User Contributions. I represent that I will not post any content to ELCA Social Media which: (i) violates applicable law or the legal rights of another person; (ii) is defamatory, obscene, indecent, abusive, harassing, violent, hateful, sexually explicit, pornographic, or discriminatory; (iii) is likely to deceive another person;



# YOUTH PARTICIPANT REGISTRATION WORKSHEET

and (iv) I do not have the legal right to post. I grant the ELCA and its Interactive learning exhibitors a worldwide, sub-licensable, perpetual, irrevocable, royalty free right (but not the obligation) to reproduce, distribute, prepare derivative works based on, publicly perform, publicly display, and otherwise use for purposes related to the mission and ministries of the ELCA and its Interactive learning exhibitors, in all formats and media now known or hereinafter created, any User Contributions I post to ELCA Social Media. I ACKNOWLEDGE I HAVE NO RIGHT TO INSPECT OR APPROVE THE ELCA'S USE OF MY USER CONTRIBUTIONS.

4. **ASSUMPTION OF ALL RISKS.** I acknowledge my decision to participate in the Gathering may expose me to various risks and dangers, including personal injury, death, and loss of or damage to my personal property. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THE GATHERING.

5. **LIABILITY RELEASE, CLAIMS WAIVER AND COVENANT NOT TO SUE.** TO THE FULLEST EXTENT POSSIBLE PURSUANT TO APPLICABLE LAW, I KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY RELEASE FROM ALL LIABILITY INCLUDING NEGLIGENCE, WAIVE ALL CLAIMS AGAINST, AND COVENANT NOT TO MAKE OR BRING ANY CLAIM AGAINST THE ELCA AND/OR ITS SEPARATELY INCORPORATED MINISTRIES, AFFILIATES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, REPRESENTATIVES, AND CONTRACTORS (COLLECTIVELY, "RELEASED PERSONS") IN ANY WAY ARISING OUT OF OR RELATED TO: (I) THE GATHERING; (II) MY PARTICIPATION IN THE GATHERING; AND/OR (III) THE ELCA'S EXERCISE OF THE RIGHTS GRANTED BY ME TO THE ELCA UNDER THIS AGREEMENT.

6. **NO FINANCIAL COMPENSATION.** I shall not receive any financial compensation as consideration for this Agreement or the rights granted by me to the ELCA hereunder.

7. **MISCELLANEOUS.** This Agreement is governed by and construed in accordance with the substantive laws of the State of Illinois, excluding its choice of law rules. If any provision of this Agreement is invalidated or held unenforceable, the invalidity or unenforceability of that provision shall not affect the validity or enforceability of this Agreement. As to any provision found to be invalid or unenforceable as written, the same shall not be void, but rather shall be reformed and enforced to the maximum extent permissible under applicable law, as if originally executed in that form by me. If the ELCA agrees to waive its right to enforce any term of this Agreement, it does not waive its right to enforce the term, or any or all other terms, of this Agreement at any other time. If there is any conflict between the headings, captions, and/or numbers and the text of this Agreement, the text will control. This Agreement is binding on me and my heirs, executors, administrators, legal representatives, successors and assigns.

## Gathering Code of Conduct

The Gathering has an obligation to protect the safety and welfare of its staff, volunteers and participants.

- Possession of illegal drugs and weapons is grounds for removal from the Gathering.
- The Gathering is an alcohol, drug, and tobacco (including vapor and electronic cigarettes) free event. Any inappropriate use may result in removal from the Gathering.
- Any disrespectful behavior will be dealt with quickly and certainly. Participants who use inappropriate language, hate speech, or offensive language or destructive behavior may be removed from the Gathering.
- Respect and appropriate behavior will be given to fellow participants and adults at all times. The Gathering believes that groups have the

right to express their views on a particular issue or cause. However, demonstrations should not interfere with the operation of the Gathering.

- Care should be taken to respect the individuals outside our event to make the Gathering possible including bus drivers, police officers, security and medical personnel, and other venue and hotel staff, including front desk, concierge, and guest services.
- The Gathering will remain free of all sex, gender, and racial discrimination. Harassment, assault, and misconduct, as well as interpersonal violence, bullying and stalking will not be tolerated. Any of the above behavior may result in immediate removal from the Gathering.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I UNDERSTAND THAT IF I SIGN BELOW I AM ENTERING INTO A LEGAL AGREEMENT, WHICH WILL BIND ME TO THE TERMS OF THIS AGREEMENT, AND THAT BY SIGNING THIS I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ELCA.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

## Part 2: Youth Participant's Parents/Legal Guardian

I am the parent or legal guardian of the Youth Participant named above. The Youth Participant desires to participate in the Gathering. In exchange for the Youth Participant being permitted to participate in the Gathering, and the benefits derived from such participation, I knowingly and voluntarily sign and agree to be bound by this Agreement, including Parts I and II.

1. **PERMISSIONS.** I give my permission for the Youth Participant to participate in the Gathering. I give my permission for the Youth Participant to enter into this Agreement and to grant the ELCA the rights contemplated in Part I of this Agreement. I have the legal authority to grant these permissions.

2. **ASSUMPTION OF ALL RISKS.** I acknowledge the Youth Participant's participation in the Gathering may expose the Youth Participant to various risks and dangers, including personal injury, death, and loss of or damage to personal property. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH THE YOUTH PARTICIPANT'S PARTICIPATION IN THE GATHERING AND ENTERING INTO THIS AGREEMENT.

3. **RELEASE OF LIABILITY.** TO THE FULLEST EXTENT POSSIBLE PURSUANT TO APPLICABLE LAW, I KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY RELEASE FROM ALL LIABILITY INCLUDING NEGLIGENCE, WAIVE ALL CLAIMS AGAINST, AND COVENANT NOT TO MAKE OR BRING ANY CLAIM AGAINST THE RELEASED PERSONS IN ANY WAY ARISING OUT OF OR RELATED TO: (I) THE GATHERING; (II) THE YOUTH PARTICIPANT'S PARTICIPATION IN THE GATHERING; (III) THE YOUTH PARTICIPANT ENTERING INTO THIS AGREEMENT; AND/OR (IV) THE ELCA'S EXERCISE OF THE RIGHTS GRANTED TO THE ELCA UNDER THIS AGREEMENT.

4. **DEFENSE, INDEMNIFICATION AND HOLD HARMLESS.** I SHALL DEFEND AND INDEMNIFY THE RELEASED PERSONS AGAINST ALL CLAIMS, DEMANDS, LOSSES, DAMAGES, AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES AND COSTS INCURRED IN DEFENDING THE SAME), IN ANY WAY ARISING OUT OF OR RELATED



Evangelical  
Lutheran Church  
in America

2024 ELCA YOUTH GATHERING  
JULY 16-20, 2024 NEW ORLEANS



# YOUTH PARTICIPANT REGISTRATION WORKSHEET

TO: (I) THE YOUTH PARTICIPANT'S CONDUCT, ACTIONS, OR OMISSIONS; (II) THE YOUTH PARTICIPANT'S PARTICIPATION IN THE GATHERING; (III) THE RIGHTS GRANTED TO THE ELCA UNDER THIS AGREEMENT; (IV) MY OR THE YOUTH PARTICIPANT'S BREACH OF THIS AGREEMENT; AND/OR (V) ANY ACTION BY THE YOUTH PARTICIPANT TO DISAFFIRM OR VOID THIS AGREEMENT.

5. Parent/Legal Guardian Independent Liability. I shall remain liable under this Agreement, even if the Youth Participant is subsequently able under applicable law to disaffirm or void this Agreement, as it applies to the Youth Participant. I KNOWINGLY AND VOLUNTARILY WAIVE ALL CLAIMS TO THE CONTRARY. Nothing herein is intended nor shall it be construed as contractually authorizing or permitting the Youth Participant to disaffirm or void this Agreement.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I UNDERSTAND THAT IF I SIGN BELOW I AM ENTERING INTO A LEGAL AGREEMENT, WHICH WILL BIND ME TO THE TERMS OF THIS AGREEMENT, AND THAT BY SIGNING THIS I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ELCA. I AM ALSO AGREEING TO DEFEND AND INDEMNIFY THE ELCA.

Parents/Legal Guardian Signature: \_\_\_\_\_

Parents/Legal Guardian Printed Name: \_\_\_\_\_

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

# YOUTH PARTICIPANT REGISTRATION WORKSHEET

## Medical and Emergency Form

Please read carefully, sign and bring a copy to the 2024 Gathering, MYLE and/or the tAble. Attendees may be asked to show a completed copy of this form prior to their participation in certain Gathering activities. The primary adult leader should collect all medical and emergency forms, participant agreements forms and signed covenants for their congregation for use in case of an emergency. Primary Adult Leaders are strongly encouraged to also save digital copies that can be easily accessed from a smart phone.

### Part 1: Release of Information

Participant First Name: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I give all Health Care Providers permission to release PHI (Protected Health Information) regarding the above named participant for use in their treatment, payment or health care operations. I understand this PHI may be shared with the Adult Leader, accompanying person and/or the ELCA Safety & Security Medical Management Personnel. This signed authorization is effective for the following dates: July 1 – August 31, 2024.

Parent/Legal Guardian Signature:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

*Please photocopy the front and back of participant/cardholder's insurance card and indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.*

### Part 2: Health History

Please complete so that health providers can be aware of your needs.

Date of last tetanus/diphtheria immunization:

If you received a COVID-19 immunization, please list dates:

Please explain any condition that would prevent participation in any Gathering activity:

Do you have any pre-existing medical conditions?

Please list medications that you are currently taking:

Please list any allergies to food, medication, or environment:





# ADULT PARTICIPANT REGISTRATION WORKSHEET

This worksheet is to help you prepare for the 2024 ELCA Youth Gathering, MYLE & the tAble registration process. All information must be entered into your congregational account by your primary adult leader.

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Gender Identity:  Female  Male  
 Gender non-conforming

Racial and/or Ethnic Identity:  
 African Descent or Black  
 American Indian or Alaska Native  
 Asian or Pacific Islander  
 Latino/a  
 Arab or Middle Eastern  
 European American or White  
 Multiracial/multiethnic

Age at the time of the 2024 Gathering: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  
 X Large  XX Large  3XL  
 4XL

## Accomodations

- I have limited mobility, but can board a bus with no assistance.
- I am a full-time wheelchair user
- I have a sensory processing disability and am sensitive to light and/or sound.

For the purposes of your Accompaniment Day:

- I must limit my exposure to sun or heat for medical reasons.
- I am medically prohibited from handling certain food products.
- I am medically prohibited from being around animal allergens.

Additional Information: \_\_\_\_\_

Are you a(n):

- ELCA Rostered Minister of Word and Sacrament
- ELCA Rostered Minister of Word and Service
- Paid Congregation Employee (non-rostered)
- Volunteer Leader

Have you previously attended the Gathering as a:

- Youth Participant *(circle all that apply)*  
 1988 1991 1994 1997 2000 2003 2006 2009  
 2012 2015 2018
- Congregation Adult Leader *(circle all that apply)*  
 1988 1991 1994 1997 2000 2003 2006 2009  
 2012 2015 2018
- Volunteer *(circle all that apply)*  
 1988 1991 1994 1997 2000 2003 2006 2009  
 2012 2015 2018

Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Relationship: \_\_\_\_\_  
 Emergency Contact Mobile Phone: \_\_\_\_\_

## Gathering Pre-Events

- Register me for the Multicultural Youth Leadership Event (July 13-16, 2024).
- Register me for the the tAble (July 13-16, 2024).

## Adult Participant Agreement

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1. ELCA DIRECTIONS, RULES, POLICIES AND PROCEDURES. I shall abide by all ELCA directions, rules, policies and procedures for the Gathering. I acknowledge my Gathering responsibilities include providing continuous supervision and support of the youth I am responsible for supervising during the Gathering. I represent and warrant that I will be at least 21 years of age by July 16, 2024.

2. PUBLICITY RELEASE. I grant the ELCA and its interactive learning exhibitors a worldwide, sub-licensable, perpetual, irrevocable, royalty free right (but not the obligation) to photograph, record (audio and visual), digitize, reproduce, distribute, prepare derivative works based on, publicly perform, publicly display, and otherwise use my name, image, likeness, voice, biographical information, and other personal characteristics as they may appear in photographs, recordings (audio and visual), writings, messages, artwork, and other materials (collectively, "Materials") related to the Gathering, in all formats and media now known



Evangelical  
 Lutheran Church  
 in America

2024 ELCA YOUTH GATHERING  
 JULY 16-20, 2024 NEW ORLEANS



# ADULT PARTICIPANT REGISTRATION WORKSHEET

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7. **NO FINANCIAL COMPENSATION.** I shall not receive any financial compensation as consideration for this Agreement or the rights granted by me to the ELCA hereunder.

8. **MISCELLANEOUS.** This Agreement is governed by and construed in accordance with the substantive laws of the State of Illinois, excluding its choice of law rules. If any provision of this Agreement is invalidated or held unenforceable, the invalidity or unenforceability of that provision shall not affect the validity or enforceability of this Agreement. As to any provision found to be invalid or unenforceable as written, the same shall not be void, but rather shall be reformed and enforced to the maximum extent permissible under applicable law, as if originally executed in that form by me. If the ELCA agrees to waive its right to enforce any term of this Agreement, it does not waive its right to enforce the term, or any or all other terms, of this Agreement at any other time. If there is any conflict between the headings, captions, and/or numbers and the text of this Agreement, the text will control. This Agreement is binding on me and my heirs, executors, administrators, legal representatives, successors and assigns.

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- Care should be taken to respect the individuals outside our event to make the Gathering possible including bus drivers, police officers, security and medical personnel, and other venue and hotel staff, including front desk, concierge, and guest services.
- The Gathering will remain free of all sex, gender, and racial discrimination. Harassment, assault, and misconduct, as well as interpersonal violence, bullying and stalking will not be tolerated. Any of the above behavior may result in immediate removal from the Gathering.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I UNDERSTAND THAT IF I SIGN BELOW I AM ENTERING INTO A LEGAL AGREEMENT, WHICH WILL BIND ME TO THE TERMS OF THIS AGREEMENT, AND THAT BY SIGNING THIS I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ELCA.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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



# ADULT PARTICIPANT REGISTRATION WORKSHEET

## Medical and Emergency Form

Please read carefully, sign and bring a copy to the 2024 Gathering, MYLE and/or the tAble. Attendees may be asked to show a completed copy of this form prior to their participation in certain Gathering activities. The primary adult leader should collect all medical and emergency forms, participant agreements forms and signed covenants for their congregation for use in case of an emergency. Primary Adult Leaders are strongly encouraged to also save digital copies that can be easily accessed from a smart phone.

### Part 1: Release of Information

Participant First Name: \_\_\_\_\_

Participant Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I give all Health Care Providers permission to release PHI (Protected Health Information) regarding the above named participant for use in their treatment, payment or health care operations. I understand this PHI may be shared with the Adult Leader, accompanying person and/or the ELCA Safety & Security Medical Management Personnel. This signed authorization is effective for the following dates: July 1 – August 31, 2024.

Parent/Legal Guardian Signature:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Please photocopy the front and back of participant/cardholder's insurance card and indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.

## Part 2: Health History

Please complete so that health providers can be aware of your needs.

Date of last tetanus/diphtheria immunization:

If you received a COVID-19 immunization, please list dates:

Please explain any condition that would prevent participation in any Gathering activity:

Do you have any pre-existing medical conditions?

Please list medications that you are currently taking:

Please list any allergies to food, medication, or environment:

