

Permission and Medical Release Form

Complete this form separately for each event or activity involving special considerations (see *Handbook 2: Administering the Church*, 13.6.20, ChurchofJesusChrist.org), an overnight stay, travel outside the local area, or an activity with higher than ordinary risks.

Event Details (to be filled out by event planner)			
Event		Date(s) of event	
Describe event and activities (please be specific)			
Ward		Stake	
Event or activity leader	Event or activity leader's phone number	Event or activity leader's email	
Participant Information			
Participant		Date of birth	Age
Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Address		City	State or province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Medical Information			
Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions		
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies		
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.		
List all prescription or over-the-counter (OTC) medications the participant is taking			
Physical Conditions That Limit Activity			
Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)			
Other Accommodations or Special Needs			
Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed)			
Permission			
I give permission for my child or youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the abovenamed participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.		The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior. Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they behave inappropriately or if they pose a risk to themselves or others.	
Participant's signature		Date	
Parent or guardian's signature (if necessary)		Date	

Flagstaff East Stake 2022 Quest Registration Form

Participant Name		
Email	Phone	
Birthdate	Youth	Adult
Ward	Male / Female	Responsibility: (For adult participants)

Please explain any dietary restrictions (i.e. gluten free / dairy free / allergies) as well as the severity of any reactions _____

Are there any issues or concerns we should be aware of that are not disclosed on the attached medical form? _____

Quest Promise

All who prepare well (read and study the Book of Mormon), participate fully prior and during Quest with a positive attitude, and give of themselves willingly, will gain:

- ***A strengthened testimony of the Savior, Jesus Christ***
- ***A Strengthened testimony of the Book of Mormon***
- ***A realization that answers can be found to today's challenges in the Book of Mormon***
- ***Strengthened relationships with youth and leaders at the ward and stake levels***

Participant Promise and Acknowledgements:

1. I promise to "fully participate" in the 2022 Flagstaff East Stake Quest.
2. I commit to attend from Wednesday, June 8th to Saturday, June 11th.
3. I accept full responsibility for all risks inherent in this activity and accept full responsibility for my actions under all conditions and commit to act responsibly.
4. I commit to leave all electronics at home.
5. I promise to abide by the standards found in "For the Strength of Youth", including honor, integrity, abstinence, from alcohol, tobacco and harmful drugs, including all forms of vaping.
6. I accept full responsibility for any medical and related expenses incurred by reason of my participation in this trek that exceed coverage by insurance.
7. As consideration for my opportunity to participate, I release and hold harmless Flagstaff East Arizona Stake and their representatives from any and all liability for injury or other claim arising from participation in the Quest.

Participant Signature _____

Date _____

Parent or Guardian Signature (if participant is under 18) _____

Date _____

[Permission and Medical Release Forms and Participant Release (Media Release) must also be completed]

**Participant Release (Release to Use Name, Image, Voice,
Likeness, and Performance)**

INTELLECTUAL PROPERTY OFFICE
50 E NORTH TEMPLE, FL 18
SALT LAKE CITY UT 84150-3011
PHONE 801-240-3959

Title of Submission: FLAGSTAFF EAST STAKE QUEST

I, the undersigned, irreversibly grant to Intellectual Reserve, Inc., its related entities, and their respective employees, agents, and representatives (collectively called "IRI"), the full right to create and obtain, in the past, present, and in the future, images, photographs, video, audio, interviews, stories, personal histories, performances (vocal, instrumental, dramatic, or otherwise), mixes, and any other recordings, documents, or materials, in any now known or future media, of my name, image, voice, likeness, performance, and other items (collectively called "Recordings"). I also authorize IRI to copyright, adapt, edit, translate, summarize, reproduce, perform, display, distribute, publish, license, sublicense, sell, broadcast, post or stream over the Internet, and otherwise use and allow others to use any and all parts of the Recordings, forever and throughout the world, in any and all manners, and in any and all forms of media that IRI believes suitable.

I agree that I shall have no right, title, or interest in or to the Recordings (or to any work comprising or based on the Recordings, in whole or in part), and that all right, title, and interest in and to the Recordings belongs to IRI. I waive any and all right to payment or other compensation arising from or related to the Recordings. I will not state or imply, or allow others to state or imply, that IRI approves of or endorses me or my activities. I further agree to release, defend, and hold IRI harmless from any claims, damages, or liabilities related to the Recordings or IRI's use thereof. I understand this Release is governed by the laws of the State of Utah, U.S.A.

By signing below, I represent that I have read this Release, understand its contents, and agree to this Release.

Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	
Name	Address	Date
Signature	Telephone	

Parent/Guardian Consent (If anyone listed above is a minor, that person's parent/guardian must sign below.)

I, the undersigned, hereby warrant and represent that I am the parent or legal guardian of the minor child named above and printed next to my name below (the "Youth"), that I have full authority to execute this Release on behalf of the Youth, that I have read this Release, and that by signing below I have granted this Release on behalf of the Youth. I hereby agree that I, the Youth, and all other parents or legal guardians, if any, will be bound by all releases, consents, and covenants contained in this Release. I further agree to indemnify and defend IRI against any and all liabilities relating to the Youth's actions in connection with the Recordings or IRI's use thereof.

Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	
Name	Youth's Name	Date
Signature	Your Telephone	

PACKING LIST

WHAT SHOULD I BRING?

General:

Sleeping Bag
Foam Pad
Pillow
Flashlight
Rain poncho
Jacket/Sweatshirt
Camp chair
Mess kit – pie tin, utensils
(check with ward leaders)
Insect repellent

NOTE: Please label all
belongings

Clothing:

1 tribal wear tunic to wear over
your clothes
Shoes – Tennis shoes recommended
(you must have closed toe
shoes)
3 pair socks
3 sets underwear
2 pair pants (wear one, bring one)
Pajamas or sleep wear (sweats, etc.)
Tribal wear head covering (optional)

Young Women: (to be worn under tunic)
Shirts: Tops or t-shirts with sleeves
Pants: Capris, scrubs, leggings, jeans,
pajama pants (long)

Young Men: (to be worn under tunic)
Shirts: T-shirts with sleeves
Pants: pants, jeans, scrubs, pajama
pants (long)

Toiletries:

Sun screen
Chap stick
Hand towel, washcloth
Soap
Toothbrush/toothpaste
Deodorant
Brush, comb
Hair accessories
Water bottle
Personal medication
Other necessary toiletry items
(including hygiene products
and **prescribed medication**)

WHAT SHOULD I NOT BRING?

Cell phones

Electronic devices of any kind

Money, wallets

Jewelry, rings, nice watches

Playing cards

Knives, weapons of ANY KIND

Fireworks of ANY KIND

Matches or lighters