



Faith & Future Youth Trip

Liability Waiver, Medical Authorization & Participant Agreement

Trip Dates: April 2–5, 2026
Locations: Utah (Salt Lake City, Provo, Orem)
Organization: Gathering of Tribes

Participant Name: _____
Date of Birth: _____ Age: _____ Sex: _____
Parent/Guardian Name: _____
Phone: _____ Email: _____

Permission Statement:

I, _____ (Parent/Guardian), grant permission for my child, _____ (Child's Name), to participate in this field trip organized by: **The Gathering of Tribes**. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant. I hereby release and hold harmless Gathering of Tribes, its leaders, volunteers, partnering organizations, host locations, and transportation providers from any claims, damages, injuries, losses, or liabilities arising from my child's participation, except in cases of gross negligence or willful misconduct. I am the legal parent or guardian of the participant. I have read and understand this agreement

I understand that participation in the Gathering of Tribes Faith & Future Youth Trip includes activities such as:

- Charter bus and vehicle transportation
- Campus tours and walking activities
- Outdoor activities and group recreation
- Temple and conference attendance
- Cultural and educational events
- Lodging, meals, and transportation are provided.

I acknowledge that participation involves inherent risks including, but not limited to, injury, illness, accidents, transportation incidents, or unforeseen circumstances. I voluntarily allow my child to participate and assume all risks associated with participation.

Parent/Guardian Initials: _____

Medical Authorization:

I certify that, to the best of my knowledge, my child is in good health, and I assume responsibility for their health. In the event of illness or injury, I authorize trip leaders or designated volunteers to:

- Seek emergency medical treatment for my child
- Transport my child to a medical facility if necessary
- Authorize treatment if I cannot be reached

I understand that I am financially responsible for any medical or emergency care costs.

Primary Physician: _____

Physician Phone number: _____

Insurance Provider: _____

Policy Number: _____

Specific Medical Information (All information will be kept confidential)

Allergies (medications, foods, insects, etc.): _____

Date of last Tetanus/Diphtheria Immunization: _____

Does the child require a medically prescribed diet? Yes / No

If yes, explain: _____

Any physical limitations? _____

Over-the-Counter Medication Authorization

I give permission for designated trip leaders, staff, or volunteers to administer the following over-the-counter medications to my child as needed and according to the manufacturer's recommended dosage, unless otherwise noted below.

These may include, but are not limited to:

Acetaminophen (Tylenol) – for pain or fever, Ibuprofen (Advil/Motrin) – for pain, inflammation, or fever, Antihistamines (Benadryl, Claritin, etc.) – for allergic reactions, Anti-nausea or motion sickness medication, Cough drops or throat lozenges, Antacids (Tums, etc.), Hydrocortisone cream or anti-itch treatment, Antibiotic ointment for minor cuts/scrapes Sunscreen and lip balm

Please list any medications my child should **NOT** receive: _____

Parent/Guardian Initials: _____

Digital Detox & Communication

I understand that this trip includes a Digital Detox, and youth will not have access to personal phones during the event except in designated circumstances.

I acknowledge:

- Direct communication with my child will be limited
- Updates will be provided through official Gathering of Tribes channels
- I will contact trip leadership only for urgent or emergency situations

Parent/Guardian Initials: _____

Behavior Expectations

- I understand that participants are expected to:
- Follow all safety rules and leader instructions
- Participate respectfully in all activities
- Follow the Rule of Three (no youth alone at any time)
- Respect property, facilities, and other participants
- Maintain standards of conduct consistent with the values of the program

I understand that serious misconduct may result in:

- Parent/guardian notification
- Dismissal from the trip at my expense (extreme cases only)

Parent/Guardian Initials: _____

Photo, Video & Media Release

I give permission for Gathering of Tribes to photograph, video, or record my child during the trip. I understand these materials may be used for: social media, program promotion, reports, grants, and presentations, website or printed materials. I waive any right to compensation for such use.

Check here if you do NOT grant media permission.

Parent/Guardian Initials: _____

Participant Agreement (Youth)

I agree to:

- Follow all rules and expectations
- Participate respectfully
- Stay with my assigned group
- Help create a safe and positive experience for everyone

Participant Signature: _____

Date: _____

Emergency Contact Information

Primary Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Secondary Emergency Contact:

Name: _____

Relationship: _____

Phone: _____