

Hermiston Oregon Stake

Moroni's Quest Promise

Participant Name:
Ward:

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 fellow you and ward and stake leaders*

Participant Promise and Acknowledgements:

1. I promise to "fully participate" in the 2025 Hermiston Stake Moroni's Quest.
2. I commit to attend from Wednesday, July 9th to Saturday, July 12th.
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 leaving all electronics at home.
5. I promise to abide by the standards found in "For 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 activity that exceed coverage by insurance.
7. As consideration for my opportunity to participate, I release and hold harmless Hermiston Oregon 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:

**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: Hermiston Oregon Stake

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	

Permission and Medical Release Form

Each participant (including leaders) completes this form separately for each event or activity involving an overnight stay, travel outside the local area, or higher than ordinary risks (see *General Handbook: Serving in The Church of Jesus Christ of Latter-day Saints*, 20.5.5, 20.7.4, 20.7.7). The event or activity leader should have access to all participants' forms during the activity.

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

Contact Information

Participant	Date of birth	Age
Telephone number		
Address	City	State or province
Emergency contact (parent or guardian)	Primary telephone number	Secondary telephone number

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.
List all prescription or over-the-counter (OTC) medications the participant is taking. Leave blank if none.	
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.	

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.	

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 above-named 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.

Please note: Units may not have the ability to meet all medical, physical, and other accommodations and are asked to counsel with parents or guardians on what is possible.

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. The participant's conduct and interactions should abide by Church standards and exemplify Christlike behavior, including those listed on the attached "Conduct at Church Activities."

Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if participants behave inappropriately or if they pose a risk to themselves or others.

This information is collected to help event and activity leaders or medical personnel so they can be prepared and appropriately respond to health concerns or an emergency. It will be kept confidential and shared only as needed.

Participant's signature	Date
Parent or guardian's signature (if participant is a minor)	Date

Conduct at Church Activities

Church events and activities can be fun, uplifting, and spiritually strengthening for everyone who attends. To reach these aims, all participants are invited to commit to follow the principles taught in *For the Strength of Youth: A Guide for Making Choices*. When you do, the experience will be better for everyone.

Please note that Church activities are not the time or place for romantic behavior or for conversations and actions that distract from the purpose of the event or activity.

If you participate in any of the following prohibited activities, leaders at the event or activity will speak with you, your parents, and your bishop or stake president. These leaders may decide to send you home immediately.

- Participating in or encouraging immoral behavior of any kind, which includes breaking the law of chastity or viewing or distributing pornography in any form
- Shoplifting, theft, or vandalism of any kind
- Breaking the Word of Wisdom, including vaping and possessing illegal or harmful substances
- Possessing weapons or dangerous items of any kind (if specifically authorized, certain items may be provided and used in supervised activities)
- Harming or threatening to harm yourself or others physically, spiritually, or emotionally, including bullying in any form or disrupting another's experience
- Leaving without following proper procedures, skipping scheduled activities without permission, or breaking curfew

Crimes and harmful or destructive incidents or pranks may be reported to local authorities, who will respond according to local law. Leaders follow the direction of these authorities.