

Consent and Liability Release Form

NAME _____ AGE _____ BIRTH DATE _____
ADDRESS _____ CITY _____ STATE _____
PHONE (____) _____ GRADE _____
PARENT(S)/GUARDIAN NAME(S) _____
WORK PHONE(S)/ CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):

_____ (“Participant”), to attend and participate in **impact Richmond** a ministry of **St. Mark’s United Methodist Church** during July 2006.

LIABILITY RELEASE: In consideration of St. Mark’s United Methodist Church allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless St. Mark’s UMC, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the youth Participant while involved in the youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor youth-Participant(s)] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Mark’s UMC. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Medical Insurance: YES _____ NO _____ Insurance Company: _____
Policy/Group ID#: _____ Participant’s Social Security Number: _____
Emergency Phone #s in case parent/guardian cannot be reached: _____
Allergies or Medical Conditions: _____ Date of last Tetanus Shot: _____
Parent/Guardian Signatures _____ / _____ Date _____

*Please attach a copy of your insurance card to this form

Covenant of Conduct

During **impact Richmond** I recognize that I am a representative of the Christian Community and I am responsible for my actions. I understand that by signing this Covenant, I agree to abide by the following guidelines:

I Shall:

- ☺ Recognize that everyone in the group and community is a part of the body of Christ. I will embrace inclusiveness by making sure that everyone feels welcome and important.
- ☺ Respect the physical and emotional well-being of other youth and adults by "doing unto them as I would have them do unto me." (This includes refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, etc.)
- ☺ Respect the health of my own body by refraining from the use of tobacco, alcohol, and illegal drugs. I understand that the use of these substances is absolutely prohibited.
- ☺ Respect the things I use and the property of places I visit. The areas used for all events, including transportation, shall be left clean.
- ☺ Participate fully in all scheduled group activities and abide by additional group guidelines made during a special event or trip.
- ☺ Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection.
- ☺ Follow all instructions given by group leaders and chaperones without protest. (This does not mean an instruction may not be politely and discretely questioned if it seems unreasonable.)
- ☺ Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- ☺ Hold safety in the highest regard and refrain from compromising my own safety or another's safety.
- ☺ Provide a trusting environment for my peers. When youth share something about themselves in a group discussion, I will not repeat that information to other friends outside of the group.

Guidelines for Consequences:

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/guardian will be contacted immediately and will be responsible for picking up the youth from **impact Richmond**.

Youth and Parent/Guardian Signature:

In signing this covenant, I vow that I have read and understand these guidelines. I recognize that a covenant is a binding promise, and my signature is testimony that I agree to adhere to the provisions of this covenant.

Signature of Youth _____ Date _____

Signature of Parent/Guardian _____ Date _____