

# Parental Consent and Liability Release Form

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

WORK PHONE(S)/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

WORK PHONE(S)/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

## **TO WHOM IT MAY CONCERN:**

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

\_\_\_\_\_ (“Participant”), to attend and participate in **YOUTH MINISTRY EVENTS** sponsored by **Mount Olivet United Methodist Church** from September 18, 2016-September 30, 2017.

**LIABILITY RELEASE:** In consideration of **Mount Olivet United Methodist Church (UMC)** allowing the Participant to participate in youth ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **Mount Olivet UMC**, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental 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 Participant while involved in the youth ministry events. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry events, including trips away from the church premises.

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

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), 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.

**EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or 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 driven by an approved ADULT chaperone while attending and participating in youth ministry events sponsored by **Mount Olivet UMC**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

**PHOTO RELEASE:** The undersigned additionally gives permission for the church to publish photographs or video of my youth on the church website, social media and in the church newsletter.

Parent/Guardian Signatures:

\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_\_\_

# Parental Consent and Liability Release Form (cond.)

Medical Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Emergency Phone #s in case parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Allergies or Medical Conditions: \_\_\_\_\_

Other Dietary Considerations: \_\_\_\_\_

Any History of Serious Illness (Diabetes, asthma, epilepsy, etc.) or recent hospitalizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medications (if any) are presently being taken?: \_\_\_\_\_

\_\_\_\_\_

**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 child or youth pursuant to this authorization.

Parent/Guardian Signatures:

\_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

## Youth Covenant of Conduct

During the meetings and events under the sponsorship and guidance of Mount Olivet UMC, 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 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 others 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 personal space, 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 Sunday night programming or at any youth events.
- Avoid inappropriate 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 others 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 an event or providing for his/her transportation home.

### Child/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 Child/Youth \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **Mount Olivet Untied Methodist Church Youth Contact Permission Form**

Mount Olivet Youth Program will set up an email roster for communication purposes. Event reminders, newsletters, and program notices will be sent to parents and students alike. We will also post events on our FACEBOOK page and contact youth using text messaging.

By signing below, you are giving Mount Olivet UMC permission to email, text, and become friends with your student, at his/her request, for the purposes stated above. Mount Olivet UMC will not disclose the information to any business or agency outside of the Mount Olivet UMC ministry.

Youth name \_\_\_\_\_

Youth email \_\_\_\_\_

Youth Cell # \_\_\_\_\_

Parent(s) name \_\_\_\_\_

Parent(s) email \_\_\_\_\_

Parent(s) Cell # \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Transportation

Mount Olivet's Child Protection Policy provides: "A minimum of two adults, one of whom must be a lead volunteer, will be scheduled for any children's or youth event or activity at Mount Olivet. To the extent possible, two adults will be present for the duration of the event or activity. Supervision will increase in proportion to the risk of the activity."

When transporting youth, we make every effort to place two adults in each vehicle. However, there are times when we have more youth or fewer adults than expected. If we do not have enough adults, we will assign no fewer than two youth to ride in a vehicle with one adult, but only with your written permission. To give permission for your youth to ride in a vehicle with one adult and at least one additional youth, please fill out the form below.

---

[Name of youth/s]

has my permission to ride in a vehicle with an adult volunteer provided there is at least one additional youth in the vehicle.

---

Signature of parent or guardian

Date