

**First United Methodist Church – Youth Ministry
Behavior Agreement, Medical Release, Waiver of Liability**

Student's Name

Student's Gender **Student's Birthdate**

Student's Address

Student's Mobile Number

Student's Email Address

Student's School Grade

The overseeing Director of Youth Ministries/Adult Leader is responsible for maintaining such behavior in the group, and has authority to direct offenders to be picked up by their parent/guardian or to leave the outing, if the participant arrived in their own transportation. The parent/guardian will bear all expenses for picking up their child. Behavior that is not tolerated includes, but may not be limited to:

- **Fighting, harassment, continued coarse speech or behavior**
- **Possession of any weapon or dangerous object**
- **Possession of tobacco, alcohol, or controlled substances**
- **Males are not allowed in females' rooms and females are not allowed in males' rooms at anytime**
- **No one is to stray from the group. In the event that someone becomes separated by accident, they must make every effort to immediately rejoin the group**
- **Respect for and compliance for event/facility rules**
- **Safe and moral conduct is mandatory for every participant at every event.**

By signing my name below, I agree to the Behavior Agreement.

Student

Parent/Guardian

As the Parent/Legal Guardian of (Student listed above), I authorize First United Methodist Church, Lexington, NC, into whose care the minor has been entrusted, to consent to medical or dental treatment and/or care deemed necessary. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment may deem advisable.

By signing my name below, I give my consent to Medical Release.

Parent/Guardian

As parent/legal guardian of (Student listed above) I have reviewed the information about the youth ministry/activity event and give my permission for the subject of this release to be involved in the overall activities listed above. I acknowledge that my child's participation in First United Methodist Youth Ministries is voluntary and may require involvement in events that require traveling or physical exertion. I acknowledge that his/her participation in any First United Methodist Church youth event presents risks that my child may suffer property damage, bodily injury, or death.

(Turn page over-Complete form in its entirety)

- I/we have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/we also acknowledge that if the subject of this release has to return home early for any discipline violations it will be at my/our expense.
- I/we consent to the use of any video images, photographs, audio recordings or any visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed or shown as First United Methodist Church deems appropriate.
- I/we understand all reasonable safety precautions will be taken at all times by First United Methodist Church and its agents during the events and activities. I/we understand the possibilities of unforeseen hazards and know the inherent possibility of risk. I/we agree to hold harmless First United Methodist Church, its leaders, employees and volunteer staff for damages, losses, or injuries incurred by the subject of this release.
- My child has permission to attend all church sponsored Youth Ministries events, including, but not limited to the following list:
 Baseball, basketball, Bible Studies, biking, boating, beach trips/activities/events, youth ministry at various locations, camping, concerts, cook-outs, skiing/snowboarding, games in the park, golfing, hiking, miniature golfing, soccer, softball, swimming, volleyball, water-skiing, paintball, laser tag, etc.
NOTE: If you desire to limit your participation in any event, please put your restrictions to First United Methodist Church in writing in advance of the event.

By signing my name below, I give my consent to Waiver of Liability.

Parent/Guardian

The undersigned has read and voluntarily signed this behavior agreement, medical release and waiver of liability, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

Student

Parent/Guardian

Parent/Guardian Mobile Number

EMERGENCY CONTACT IF YOU ARE NOT AVAILABLE

Parent/Guardian Email Address

Please list any allergies/medications to be aware of/special instructions for the student