

Youth Ministries, FPC Georgetown

2020-2021 Medical Release Form

STUDENT RESPONSIBILITY:

Each student is expected to follow the rules of conduct below:

- Participation with the group
- No students can drive
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No foul or abusive language
- No boys in girls' sleeping quarters and no girls in boy's sleeping quarters
- Respect property
- Respect one another, staff, adult teachers and volunteers
- Respect and comply with event schedules

Students who fail to comply with these rules may be sent home at their parent's expense.

I, the student, have read the rules of conduct, and I agree to abide by the stated rules.

Student Signature

Date

PARENT RESPONSIBILITY:

It is the parent's responsibility to find out all details of youth programs, trip activities, including all Sunday and Wednesday events. Parents are responsible for knowing all details of any off-campus trips, including trip location, departure and return times. Parents are asked to read youth newsletters, regularly check youth information bulletin boards in the church, emails, church website, or call for specific details. I accept these terms.

Parent initials _____

Date _____

In the event of an emergency where I am unable to provide information, I hereby give permission to the medical professional selected by the church leadership to secure proper treatment, including but not limited to: medical evaluation, medical injection, anesthesia, surgery, and hospitalization for my child as deemed necessary. I accept these terms.

Parent initials _____

Date _____

MEDIA:

By signing below, I give explicit permission to First Presbyterian Church, Georgetown, to photograph (by video photography or still photography and with or without soundtrack) the image, voice and first name of my child for use in media products (church-wide including website). I understand that any images will include first name only on the media. I accept these terms.

Parent initials _____

Date _____

LIABILITY:

I have read and understand this form. I certify the above named student is my child (or under my legal guardianship) and resides with me. I give my consent for him/her to attend and participate in activities, functions, and trips sponsored by First Presbyterian Church, Georgetown. I assume all transportation costs, should it be necessary for my child to return home due to medical or disciplinary actions. I accept these terms.

Parent initials _____

Date _____

I do hereby release, forever discharge, and agree to hold harmless First Presbyterian Church, Georgetown, its staff, youth leaders, chaperones and volunteers thereof 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 while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by my signature that this form is both a binding medical and liability release. I accept these terms.

Parent Signature

Date