

**2023-2024 Safe Harbor Presbyterian Church Youth Ministry
Annual Permission/Consent/Liability Release and Participant/Student Conduct Form**

Student's Full/Legal Name: _____ **Age:** ____ **Birth Date:** _____

Address: _____

Home#: _____ **Student Cell (if applicable):** _____ **Text? Yes ___ No ___**

Student Email: _____ **School:** _____ **Grade:** _____

Parent/Adult/Guardian Name/Email/Phone

Name: _____ **Name:** _____

Email: _____ **Email:** _____

Phone(s): _____ **Phone(s):** _____

To Whom It May Concern:

I, the undersigned, hereby give permission to: _____ to attend and participate in Safe Harbor Youth Ministry events **from September 1, 2023 to September 1, 2024.**

LIABILITY RELEASE

In consideration of Safe Harbor Presbyterian Church (herein referred to as SHPC) allowing the Participant to participate in SHPC Student Ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless SHPC, its employees, and its volunteers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the SHPC event. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in SHYG events, including trips away from the church property.

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to SHPC to furnish any necessary transportation (within the limitation of church insurance and the law), food, and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify SHPC for any liability sustained by SHPC as a result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor Participant 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 Participant 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 minor Participant pursuant to this authorization.

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 activities sponsored by the Church. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTOGRAPH / VIDEO PERMISSION

All photos, videos, and audio tapes of my child captured by SHPC Youth Ministries is also released to SHPC Youth Ministries for promotional purposes such as brochures, videos, web pages, etc.

STUDENT CODE OF CONDUCT

My child and I understand that the SHPC Student Code of Conduct is applicable to the Participant at all times while involved with SHPC Youth Ministries and the sponsored activities and events. My child and I agree to:

- Recognize that everyone in the group is a part of the body of Christ. I will help everyone feel 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, from harmful jokes, respecting the need for sleep, etc.
- Respect the health of my own body by refraining from the use of tobacco, alcohol, illegal drugs and weapons. I understand that the use of these substances/items is absolutely prohibited. They will be confiscated and parents and/or authorities contacted immediately.
- Respect the things I use and the property of the places I visit. The areas used for all events, including transportation, shall be left clean.
- 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 leaders/chaperones without protest. An instruction may be politely and discreetly questioned.
- 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 outside of the group.
- Take the initiative to inform my guests of their responsibility to follow these guidelines when they visit or participate in an event.

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 minor Participant from an event or providing for his/her transportation home.

MEDICAL INFORMATION

Covered by medical insurance: YES: ____ NO: ____

Insurance Company: _____ Policy/Group ID #: _____

Allergies or Medical Conditions/Dietary Needs:

Prescriptions or Medicines: *

*All Students are responsible for their own medications. SHPC Youth Ministry will not be liable or responsible for the administering of any medication.

EMERGENCY CONTACT INFORMATION

Name(s) (if Parent/Guardian cannot be reached) _____

Relationship to Participant: _____ Phone Number(s): _____

Other Contact: _____

PARTICIPANT/STUDENT AND PARENT/GUARDIAN SIGNATURES

My signature on this Annual Permission/Consent/Liability Release and Student Conduct Form is an acknowledgement that I have read and understand these guidelines. I recognize that this is a permission slip, medical release, liability release, and code of conduct for **September 1st, 2023 – August 31st, 2024**. I commit to abide by the provisions of this Release Form and submit to SHPC Youth Ministries.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____