Parental Consent and Liability Release Form

PARTICIPANT'S NAME		AGE	BIRTH DATE
			GRADE
PARENT(S)/GUARDIAN NA	ME(S)		
WORK PHONE(S)/ CELL PHO	ONE(S)	/	
TO WHOM IT MAY CONC	CERN:		
The undersigned do(es) hereby	give permission for our (my) ch	hild(ren):	
attend and participate in YOUT	TH MINISTRY EVENTS spoi	nsored by the Virginia Conference	("Participant"), to ence during the 2017-2018 school year.
youth ministry activities, we (District, its directors, employed demands for accidental personal may be incurred by the undersing guardian(s) of this Participant including trips away from the conformal f	I), the undersigned, do hereby rees, volunteers and agents (co al injury, sickness or death, as wigned and the Participant while hereby grant our (my) permiss thurch premises. and on behalf of our (my) min pense as a result of participation and permission is hereby give and the law), food and lodgic thurch for any liability sustained expenses incurred attendant there were mental or special supervisitive Act on the medical staff of costs and expenses incurred in pursuant to this authorization. HOME POLICY: Should it be otherwise, the undersigned shall	release, forever discharge and expellectively herein the "Church well as property damage and expel involved in the children/youth sion for the Participant to participant for Participant(s)] hereby assume in recreation and work activitien to said Church to furnish a sing for this Participant. The und by said Church as the result of etc. (I) authorize an adult, in whose dical, surgical or dental diagnosis and on the advice of any a licensed hospital or emergencing connection with such medical assume all transportation costs.	any necessary transportation (within the ndersigned further hereby agree to hold of the negligent, willful or intentional acts see care the minor has been entrusted, to exist or treatment and hospital care, to be physician or dentist licensed under the cy care facility. The undersigned shall be ical and dental services rendered to the or youth to return home due to medical
			activities sponsored by The Virginia LL TIMES during transportation.
Medical Insurance: YES	NO Insurance	Company:	
Policy/Group ID#:		Emergency Phone #s in ca	ase parent/guardian cannot be reached:
Allergies or Medical Condition	ons:		
Parent/Guardian Signatures _		/	Date

Youth Covenant of Conduct

During the meetings and events under the sponsorship and guidance of <u>the Richmond District</u>, 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 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 Annual Conference.
- © 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 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 th	is covenant	, I vow that	I have read	and under	stand these	guidelines.	I recognize	that a covenant	is c
binding prom	ise, and my	signature is	testimony th	hat I agree	e to adhere [.]	to the provi	sions of this c	covenant.	

Signature of Child/Youth	Date			
Signature of Parent/Guardian	Date			