

Participant Permission and Liability Release

In consideration for being accepted by **The Kids and/or Student Ministries of Aversboro Road Baptist Church, Garner, NC** for participation in all year **2019** activities, events, camps, retreats, trips, recreation programs on Church property; off Church property; in-state and out-of-state, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Aversboro Road Baptist Church, Inc., the Directors, Trustees, Professional Staff, and Sponsors 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 by the undersigned and the child-participant that occur while said child is participating in all activities. Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation, sports teams and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its Directors, Trustees, Professional Staff, Sponsors, and agents, 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.

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in all activities. Furthermore, we (I) understand that some activities will take place outside of fenced activity areas, and hereby grant our (my) permission for this participant to be fully involved in activities and events outside of fenced areas. Also, I understand that as a participant, my child and/or I may be photographed or videotaped, and these photos/videos may be used in promotional materials and reports.

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby give our (my) permission to take said participant to any licensed physician, or licensed dentist, who is licensed under the Medical Practice Act on the medical staff of a licensed hospital or clinic, whether such care or treatment is rendered at the office of said physician or at said hospital. We (I) do hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, X-ray, anesthetic, dental treatment, and understand that we (I) am responsible for all medical bills, if any.

We (I) have reviewed with my student the importance of appropriate and cooperative behavior as outlined in the Group Activity Guidelines for Student Ministry and we agree to abide by each guideline. We understand that no electronic devices, including cellular phones are permitted. We further understand that no drugs, alcohol, tobacco, or weapon shall be in the possession of any student. Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby do assume all transportation costs. I understand the decision for any participant to return home shall be determined by the group leader and chaperones leading the activity after careful consideration of the impact of the situation.

- 1 2 3 4 5
6 7 8 9 10 11 12
College Adult
Current Grade in School

<u>Participant-Full Name (First – Middle – Last Name)</u>	<u>Birth Date</u>		
Street Address	City	State	Zip
Father's Name (or legal guardian)	Fathers Home Phone	Fathers Mobile Phone(s)	
Mother's Name (or legal guardian)	Mothers Home Phone	Mothers Mobile Phone(s)	

Hospital Insurance: _____

Company	Subscriber	Policy #	A COPY OF INSURANCE CARD MUST BE ATTACHED)
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Personal Physician's Name _____

Physician's Phone _____

Additional Emergency Contact Name and Numbers _____

➤ **WE (I) HAVE ALSO COMPLETED THE MEDICAL INFORMATION ON REVERSE SIDE** ◀

Signature of Parent(s) or Legal Guardian(s)	Date Signed
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This Form Must Be Notarized

State of _____, _____ County ss:

I, _____, a Notary Public of the County of _____, State of _____ do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this _____ day of _____, 20____. My Commission Expires: _____

Notary Public Signature

MEDICAL INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION.

Participants Name: _____ Date Completed: ____/____/____
Personal Physicians Name: _____ Physicians Phone: _____

Does the participant have any known allergies (including food allergies): Yes (list below) None Known
Food _____
Penicillin or Other Drugs _____
Insect stings/bites _____
Plants/other allergies _____
Other Allergies _____

Does the participant have any known medical problems: Yes (list below) None Known

Is there any reason this participant should not participate in recreational/sports activities? Yes (list below) No

Has participant received all immunizations as required by North Carolina State Law: Yes No
____ Polio Booster ____ Measles ____ Mumps ____ Tetanus (Exact Date of last Tetanus ____/____/____)
If answered no, please explain why not. _____

Childhood Diseases: ____ Chickenpox ____ Measles ____ Mumps ____ Whooping Cough ____ Other _____

Does participant currently take any prescribed medications: Yes (list below with schedule) No

*** MEDICATION MUST BE SENT IN ORIGINAL CONTAINER WITH PRESCRIPTION INSTRUCTIONS. PLACE ALL MEDICATIONS IN A ZIP-LOCK BAG AND GIVE TO GROUP LEADER BEFORE ANY TRIP. PLEASE LABEL THE BAG WITH PARTICIPANT'S NAME**

Non-Prescription Medications must also be in original containers. Parents or Legal Guardians must send a note with permission for participant to follow container instructions. Also place in a zip lock bag and give to group leader.

The group leader has permission to give non-prescription medications to participant as they may determine should my child become ill. YES NO YES, but restricted to the following:

Signature of Parent or Legal Guardians Date Signed _____

Additional information about participant group leaders should know:

The Group Activity Guidelines Must Also Be Completed and Attached To Complete This Form

GROUP ACTIVITY GUIDELINES (Code of Conduct)

Aversboro Road Baptist Church

Introduction: It is the purpose of our church to provide ministries to children, students, adults and their families in an atmosphere where each can feel safe and cared for. To ensure such an environment, we have established these guidelines which address the most commonly raised issues and concerns by volunteers, staff, and parents. We have attempted to keep these guidelines consistent with the various camps and conference centers we attend throughout the year. Please review these carefully. Parents, we ask that you review these guidelines with your child/teenager.

1. It is the policy of this church that group leaders and counselors are to be given 100% respect and cooperation at all times. If any participant disagrees with a counselor, they have the right to state their concern privately in a Christ-like manner to the group leader. In matters of dispute, or clarification of rules, the Minister leading the group or the designated group leader has responsibility and authority for interpretation.

2. All participants agree to these scriptural guidelines:

So in everything you do, do to others what you would have them do to you for this sums up the Law and the Prophets. Matthew 7:12 (NIV)

Do everything without complaining or arguing, so that you may become blameless and pure, children of God. Philippians 2:14, 15a (NIV)

Encourage one another and build each other up. I Thessalonians 5:11 (NIV)

3. All persons attending church activities or events are expected to participate fully in that activity. If anyone feels they are unable to participate, they must report to the group leader at once to discuss the situation. Participants who leave an activity are not expected to return to that activity. Parents are to notify leaders if a student needs to leave early. Parents may be notified if participants leave unexpectedly.

4. Church Members age 25 or older may drive while participating in church activities. Drivers must submit a copy of their license and proof of insurance to the Church Office for approval prior to driving personal vehicles or church vehicles. Only approved drivers may drive church vehicles. Only drivers with a Commercial Drivers License, Class A,B or C with passenger endorsement, may drive the church bus. Seat belts are to be worn on all vehicles where they are provided any time the vehicle is in operation. Student drivers are not generally permitted to "just meet us there." Students must meet at the church and ride on church approved transportation.

5. The return time or pick up time will be announced prior to departure on any group activity. The group leader is responsible to see that groups returns on time. Parents are responsible to pick up participants at the designated time. Parents will be notified when the group is unable to return as scheduled.

6. Any Student or Kids activities planned by parents, teachers, or students that *appear* to be sponsored by this Church should have prior approval by the appropriate staff minister.

7. Kids/Students are asked *not to bring* electronic items including: Mobile Phones, Cellular Devices, iPad, iPod, MP3,CD players, musical or other electronic equipment to group activities without prior approval of the group leader. Chaperones will carry Mobile Phones and equipment needed for events. Parents are asked to ensure the cooperation of their own children with these guidelines.

8. No form of tobacco product may be in the possession or use of persons under age 18. No person may use any form of tobacco product on church vehicles, inside of the church facility or at any time while a group is meeting. Adult who chaperone students are expected to abide by the guidelines.

9. No form of alcoholic beverage, illegal drug, or drug paraphernalia may be in the possession or use of any age participant.

10. Dress Code: Participants are expected to reflect a Christian example by their dress. Modest shorts are acceptable for some activities. However, shorts may not be appropriate for some activities. If you are unsure, please consult with the group leader. Immodest shorts or tops, distasteful designs or messages and other extreme clothing would not be acceptable. A good guideline: If you are not sure whether an item is appropriate, choose something else! Bathing Suits: Girls - one piece suits only. No french cut suits. Guys - no Speedo's.

Shirts: Use modest shirts. Muscle shirts, shirts which show midriff, and some sleeveless shirts are inappropriate.

During Mission Trips/Activities: Shirts must have sleeves (short sleeves are certainly fine! But please do not roll them up.)

11. No derogatory, foul, or obscene language shall be used by any participant or worn on any clothing.

12. No knife, gun, firework, or weapon of any kind may be in the possession or use of any participant without the approval of the Group Leader. Laser pointers are not allowed.

13. Carrying medications, prescription or non-prescription, while participating in group activities causes concern for the church and for many camps and conference centers we attend . For persons under the age of 18 the following guidelines will apply:

- Any medication a participant under 18 may need (prescription or non-prescription) shall be in its *original container* and placed in a clear zip-lock style bag with their full name printed on the bag with a permanent marker.
- There shall be in the bag a written permission form and dosage guidelines completed by the parents or legal guardian, or physician. Dosage in excess of the amount on the container must have a form signed by a physician.
- The bag, containing medication and instructions, shall be presented to the Group Leader as soon as the participant arrives for the activity.
- Medications requiring refrigeration: It will be the responsibility of the parents to discuss this matter prior to the activity with the group leader so they may work together to make arrangements.
- Persons 18 years and over are to keep medications with them or to have them locked in an appropriate luggage container and keep these items for personal use only.
- We understand there are situations where youth need to keep some medications with them. Please discuss these situations individually with the group leader.
- No participant shall use or have in their possession any form of illegal drug.

14. The use of water guns and other items (shaving cream, soap, hair products, creams, sprays, duct tape, etc.) that have the potential to cause damage to furniture, walls, carpet, etc. shall be used only outside, and only with the permission of the group leader. Most Retreat and Conference Centers prohibit the use of such items anywhere on their campus!!

15. The proper development of relationships among group members is essential. We encourage young people to invite friends to participate with them. However, it shall be considered *inappropriate* to have any physical contact during Bible study and worship experiences. We believe there should be no conduct which may distract a person, or others persons, from giving primary focus to God during these times. We appreciate the understanding of this guideline by all participants!

We have not intended this to be a complete list of do's and dont's for group activities, but to clarify commonly raised questions. It shall be within the responsibility and authority of the group leader and counselors to address any behavior, action, issue, or situation that they may consider to be harmful or disruptive to the purpose of the activity, or that may be harmful or disruptive to the well being of the group.

Furthermore, it shall be within the authority, and the responsibility, of the group leader to require any participant to immediately leave the activity should lack of cooperation with these guidelines occur, or it be determined that an individual's continued participation to be disruptive or harmful to the well being of the group. Parents of participants under age 18 may be called should it become necessary for these participants to return home or should the parent's help become necessary to resolve any issue. The decision as to whether a participant will be sent home is to be determined by the group leader and counselors present for the activity. Should it become necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, the participant's parents and/or legal guardians are responsible for arranging such transportation and agree to assume all transportation costs.

Unresolved issues related to these guidelines may be brought to the Deacons by the group leader for discussion, further consideration, and action.

Conclusion: Should you have any need for clarification, or any concern, please discuss these with the group leader prior to participation. We hope these guidelines help you feel more comfortable leaving your child/teenager in the capable hands of our ministry leaders.

I, the undersigned, understand that I have a responsibility to abide by these Guidelines during all KID/Student Ministry Activities at or away from Church Property. I understand these Guidelines are provided to insure the safety, security, well-being and respect of myself and others. I understand that failure to act reasonably in regard to these guidelines, may result in the notification of my parents/guardians, my being returned home, and taking necessary legal action. I have read these guidelines and agree to abide by the decisions of the Student Ministry Leaders in regards to any consequences of infractions. I also understand that the consequences may not only affect participating in this activity, but also whether or not I will be allowed to participate in any future Kids/Student Ministry Activities. Parents acknowledge they have reviewed these guidelines with their child participant.

PARTICIPANTS NAME: (PRINT) _____

PARTICIPANTS SIGNATURE: _____ **DATE:** _____

PARENTS SIGNATURE: _____ **DATE:** _____