

Zoar Youth Group Activities – 2014 Yearly Release

Permission and Medical Release

Name: _____ Birth date: _____

I, _____ being the lawful parent and/or guardian of the above child, hereby give my consent for him/her to travel to and participate in the Activities and events of Zoar Youth Group between and including January 1 and December 31, 2014.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Zoar Lutheran Church to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution. I understand that if there is no medical emergency, that every reasonable effort will be made to contact the parent and/or guardian before administering or authorizing any treatment. I also give permission for my child's photo to be used publically by Zoar and its affiliated groups.

The undersigned assume(s) all risk of injury or harm to the child associated with participation in the Activities and agree(s) to releases, indemnify, and discharge the Zoar Lutheran Church and its staff, employees and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action arising from the child's participation in the Activities.

Signature of Parent or Guardian

Date

Emergency Contact:

Name: _____ Relationship: _____

Phone numbers: Cell _____ Home _____ Work _____

Important medial/allergy information: _____

Covenant of Conduct

I, _____, understand that during all and any events, gatherings and activities with Zoar Youth Group, under the guidance of the leadership of the Youth Group and as a representative of Zoar Youth Group, I am responsible for my own actions.

1. **I intend** to participate in all planned activities.
2. **I will** respect others around me by:
 - using appropriate language
 - keeping my body to myself (including displays of affection)
 - being thoughtful of the feelings of those around me.
3. **I will** respect and appreciate the different gifts, cultures, and perspectives encountered in this experience.
4. **I will** respect the property of others.
5. **I will** respect the leadership of those in charge by:
 - listening carefully to, and following, all instructions, directions and rules.
 - following directions promptly
 - being honest
6. **I will not abuse my body with tobacco , drugs, or alcohol at any time or have possession of these substances.**

Should I break this covenant, I agree to accept the consequences determined by the leadership. If it is determined that my behavior warrants my leaving this event, travel to my home will be at my own expense or that of my parents or guardians.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____