

For your information, we expect each student to conform to these rules of conduct during programs or events:

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

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, lock-ins, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT
sponsored by CFUMC Youth (hereafter, "the Church"), from June 1, 2008 to June 1, 2009.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

PARENTAL CONSENT AND RELEASE FOR PUBLISHING

OR SHOWING MINOR CHILD’S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that from time to time, pictures are taken during the activities at Chamblee First United Methodist Church (CFUMC), or under its direction, and then presented in various church-sponsored media. These include, but are not limited to pictures, video productions, newsletters, web casts, brochures, handbooks, programs and Internet web pages. This form is to notify you those meetings, events and activities (including worship) are considered public and they are video taped and photographed and used in the above listed manner.

Further, on occasion a child’s image may be singled out and used as an identifiable image. This may include participation in music, children or youth ministry activities. In order for us to use an image of your child, we ask that you sign the waiver below to grant permission for us to use your child’s image.

I hereby remise, release and forever discharge Chamblee First United Methodist Church from any liability for any injury or action against the above named minor resulting from the use of such pictures, video or other image in any medium utilized. This release includes that CFUMC will not be responsible for other user’s reproduction, display, distribution or modification of the minor’s images in any manner, nor will CFUMC be responsible for defamation, misrepresentation, criminal acts by any unauthorized use of CFUMC images by third parties.

You have my permission to use my child’s image as indicated above.

Signature of Parent/Guardian

Date

Printed Name