

Bethesda UMC Youth Ministries

-2016 General Youth Event & Overnight Trips Form-

Participant's Name: _____

Birth Date: _____

Participant's Primary Care-Giver(s): _____

In Case of Emergency, please contact _____ at (#) _____

PHOTO RELEASE:

Bethesda UMC has a website and FB Accounts where photos and videos from Youth Group events are periodically published. We also have a Youth Group bulletin board where we sometimes post photos from events.

Initial one:

_____ Yes, you can use pictures and videos of my student. I hereby grant Bethesda UMC in Powdersville SC, USA the permission to use my student's likeness in photographs, video, and other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ No—please do not print or publish photos of videos of my student online or in church-related publications.

GENERAL RELEASE:

"I/We hereby grant permission for my/our student _____ to participate in BUMC Youth Group trips and events during 2016 that they are signed up to attend. I understand that signups will be posted if necessary and included in email correspondence throughout the year. My student has permission to attend youth events on and off site with licensed and insured drivers. I/We understand that my student may be transported by a licensed and insured adult. We recognize the importance of the commitment that he/she makes and that their participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this student engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event, our/my student or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip."

"I/We hereby release Bethesda UMC in Powdersville SC, USA from any liability and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in youth group events or traveling to or from said events. In granting this permission and release, I/We specifically recognize that my student may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/We specifically release and will hold harmless Bethesda UMC in Powdersville SC, USA, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Bethesda UMC in Powdersville SC, USA."

Parent Signature _____ Date _____

Health Insurance: _____ Policy or Plan # _____

Please make a copy of the insurance card available to Jana Clack that will be valid through 2016.

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the youth group advisor should be aware? (Please use the back of this form or an additional page if necessary.)

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Allergies to drugs? _____

Allergies or special diet? _____

PARENT / GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. I understand that it is my responsibility as the guardian of this student to make Jana Clack, Director of Student Ministries aware of any necessary changes to this form, health history, or media release. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Bethesda UMC in Powdersville SC, USA and youth group adult leaders to take whatever steps they deem necessary to insure the well being of my student should a medical emergency occur during a youth group meeting/activity. Every attempt will be made to contact the student's care-givers and/or emergency contact provided.

I, _____ do hereby authorize Bethesda UMC in Powdersville SC, USA Youth Group to take necessary emergency measures in the treatment of (participant): _____ if needed. My student is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby the authorize the physician selected by Bethesda UMC in Powdersville SC, USA to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my student named above.

Signature of Parent / Guardian and Date