



2016-2017

**MEDICAL RELEASE / LIABILITY WAIVER/PICTURE RELEASE  
WESLEY MEMORIAL UNITED METHODIST CHURCH**

**Youth Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Student Cell Phone:** \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **Mom's Cell:** \_\_\_\_\_ **Mom's email:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_ **Dad's Cell:** \_\_\_\_\_ **Dad's email:** \_\_\_\_\_

**Emergency contact:** (If parents can't be reached)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Information**

**Policy-holder name:** \_\_\_\_\_

**Policy-holder's date of birth:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Medical insurance company:** \_\_\_\_\_

**Insurance agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Medical Information**

**Date of last Tetanus shot:** \_\_\_\_\_

**List of allergies:** \_\_\_\_\_

**Physician's Name and Phone Number:** \_\_\_\_\_

**General Medical History:** \_\_\_\_\_

**Prescribed or over the counter medication:** \_\_\_\_\_

**Limitations of Activities:** \_\_\_\_\_

In consideration of my child being allowed to participate in Wesley Memorial United Methodist Church Student Ministry activities (youth events, mission trips, etc.), I hereby assume all risks and release Wesley Memorial United Methodist Church, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest. I also understand that in consideration of my child being allowed to participate I give the right to Wesley Memorial United Methodist Church and Student Ministries to post pictures of my child on the Wesley Memorial Student Ministry website or the church website.

In the event that my child is injured, I hereby give permission to the physician or medical personnel selected by Wesley Memorial United Methodist Church staff or volunteer to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel to provide treatment deemed necessary by them.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



## Behavior Covenant

### Behavior Expectations

You will treat others with respect and understand that we are living in a community setting and that boundaries will be expected. Behavior disruptive to the community as well as the property will NOT be tolerated.

You must abide by curfews, quiet times and physical boundaries (inside, outside, including equipment use of any kind). You will also be sure to check in with designated chaperones throughout the trip.

Cell phones are NOT to be used throughout our time together unless it is to phone a parent. We require that you have them turned off during community times and not carry them with you. You are asked to leave them in your room.

### Non-Negotiables

Your parents will be contacted and you will be sent home immediately for any of the following behaviors:

1. Use or possession of alcohol, illegal drugs, or tobacco products of any kind.
2. Inappropriate sexual behavior.
3. Possession of firearms, knives or fireworks.
4. Unauthorized use or mistreatment/destruction of the facilities/grounds of the church or site visited.
5. Leaving the designated areas or grounds without permission of an adult.

### Participant's Pledge

*This is an agreement I have made and I promise to adhere to these non-negotiable regulations and expectations while I am a participant on this trip. I understand that if I choose to break the non-negotiable regulations at any time during the event, my parent/guardian will be expected to arrange my transportation home immediately.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

### Parent/Guardian Acknowledgement

*I understand that if my child breaks any non-negotiable regulations at any time during the event, I am expected to arrange his or her transportation home immediately.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_