

Student Covenant for CUMC STUDENT MINISTRY PAINT BATTLE

I _____ agree to follow all the rules set forth in this covenant and at the event. I realize that failure to do so may result in me being asked to leave the event regardless of time of day or night. It will be my responsibility to call my parents and notify them to pick me up immediately.

I agree to:

- treat others & other's property, students & adults, with respect.
- follow all rules & instructions given by my adult leaders and event staff.
 - not harm anyone physically, emotionally, mentally, or spiritually.
 - not bring or use any illegal or controlled substances at the event
 - not bring or consume energy drinks.
 - not bring any weapons including knives, firearms, slingshots, etc.
- not leave the site of the event without prior permission from those in charge.

I realize that any personal property I bring may be unintentionally lost or damaged and will hold neither the church, student leaders or other student ministry group members liable.

(Student Signature) (Date)

Permission Slip/Medical Information

I ______ parent or guardian of ______ hereby give permission for my student to attend Carlisle UM Church Student Ministry Pumpkin Party. I hereby release on behalf of myself and my student.

attend Carlisle UM Church Student Ministry Pumpkin Party. I hereby release on behalf of myself and my student, Carlisle UM Church, and its agents, employees, and volunteers from any and all liability arising out of or connected to this event/activity, including from any personal injuries which my student might sustain. I also give permission for emergency treatment that might be needed resulting from injury, sickness, or accident while participating. I accept full responsibility for all expenses that may result from injury, sickness, or accident.

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| During this event, I can be reached | d at this phone number: | |
| I will pick up my student at Carlis | sle UMC at 7pm. | |
| I give permission for my student | to ride home with: | |
| | | |
| (Parent/Guardian Signature) | (Date) | |