

# ROT NIGHT

**SUNDAY, MARCH 15, 5-7PM  
FOR GRADES 6-12**



Wear comfy clothes, bring a blanket or hoodie, and come chill! Dinner will be provided. FREE. Rest. Reset. And Just Be.

## **Student Covenant for CUMC ROT Night**

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 advisors and event staff.
- not harm anyone physically, emotionally, mentally, or spiritually.
- not bring or use any illegal or controlled substances at the event, including alcohol, narcotics, tobacco products, drug paraphernalia or items supporting drug culture.
- 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 staff or other student ministry members liable.

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(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 ROT Night event. 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. We have adequate insurance with \_\_\_\_\_.

I grant permission to allow the use of any photos or video recording in which my child may appear for the use in CUMC: newsletter, Facebook, website, bulletin board, or other area, free of any claims. Select one: YES      NO

During this event, I can be reached at this phone number: \_\_\_\_\_.

\_\_\_\_ I will pick up my student at 7:00PM at Carlisle United Methodist Church.

\_\_\_\_ I give permission for my student to ride home with: \_\_\_\_\_.

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(Parent/Guardian Signature)

(Date)

Carlisle United Methodist Church | 333 S Spring Garden St | Carlisle, PA 17013

**LIVE LIKE JESUS**