

# 2025-2026 LEBANON FUMC YOUTH AGREEMENT

Valid May 18<sup>th</sup>, 2025 – May 17<sup>th</sup>, 2026

Youth Name: \_\_\_\_\_ Grade in 2025-2026: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F M Prefer Not to Say School in 2025-2026: \_\_\_\_\_

Youth E-mail: \_\_\_\_\_ Youth Text: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Dietary, Accessibility, or Other Accommodations Needed: \_\_\_\_\_

**Please initial next to each item to signify you have read and agree to it.**

1. I will protect the safety of myself and others, in person and electronically by:
  - a. Respecting others' boundaries and seeking consent at all times regarding touch, words, and all other forms of contact, and reporting it if I see others violating them \_\_\_\_\_
  - b. Not bringing or using tobacco, vaping materials, alcohol, illegal substances, or medication not prescribed to me, and reporting it if I see others doing so \_\_\_\_\_
  - c. No inappropriate touching or joking, and reporting it if I see others doing so \_\_\_\_\_
  - d. No violence, weapons, dangerous items, or inappropriate use of everyday items that could hurt someone, and reporting it if I see others doing so \_\_\_\_\_
  - e. Staying on site with the group, and reporting it if I see anyone not doing so \_\_\_\_\_
2. I will protect relationships between myself and others, in person and electronically by:
  - a. Welcoming all people into our activities (including diverse ages/grades, races, sizes, identities, abilities, and orientations and avoiding exclusive behavior \_\_\_\_\_
  - b. Creating a space comfortable for everyone by avoiding excessive PDA, as well as maintaining language and discussion topics appropriate to everyone present \_\_\_\_\_
  - c. Respecting others' identities and experiences with my language, treatment, and attitude \_\_\_\_\_
  - d. Actively taking care of the property and belongings of other youth, adults/leaders, and host facilities (leave them better than we found them!) \_\_\_\_\_
3. I will show respect to my adult leaders and event leadership by:
  - a. Using appropriate tone of voice and words at all times (no mocking, yelling, insulting, muttering under my breath, etc.), and reporting it if I see anyone not doing so \_\_\_\_\_
  - b. Doing what I am told to do right away, with a good attitude and no grumbling, and reporting it if I see anyone not doing so \_\_\_\_\_
  - c. Abiding by the rules of events at all times, and reporting it if I see anyone not doing so \_\_\_\_\_

**PLEASE FILL OUT BOTH SIDES**

# 2024-2025 LEBANON FUMC YOUTH PARENT AGREEMENT

Valid May 18<sup>th</sup>, 2025 – May 17<sup>th</sup>, 2026

Parent/Legal Guardian 1: \_\_\_\_\_

Address, if Different: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent/Legal Guardian 2: \_\_\_\_\_

Address, if Different: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Please initial next to each item to signify you have read and agree to it.**

I/we acknowledge that participation in youth ministry activities involves risk and may result in sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage, and I/we accept the risks of injury associated with participation in and transportation to and from youth ministry activities. \_\_\_\_

I/we accept personal financial responsibility for any injury or other loss sustained during youth ministry activities and transportation to and from them, as well as for any medical treatment rendered. \_\_\_\_

I/we release and promise to indemnify, defend, and hold harmless Lebanon FUMC for any injury arising directly or indirectly from youth ministry activities. \_\_\_\_

I/we authorize Lebanon FUMC leadership, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the supervision of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether diagnosis or treatment is rendered at the office of said physician or at said hospital. \_\_\_\_

I/we agree to be liable and to pay all costs and expenses incurred in connection with such medical and dental services rendered to the minor pursuant to this authorization. Should it be necessary for my/our child to return home due to medical reasons or otherwise, I/we shall assume all transportation costs. \_\_\_\_

I/we do also hereby give permission for my/our minor to ride in any vehicle designated by Lebanon FUMC leadership while attending and participating in youth ministry activities. \_\_\_\_

I/we give authorization for Lebanon FUMC leadership to use my child's first name, voice, likeness, photograph and video in program materials, promotional materials, and Internet publication. \_\_\_\_

I/we give authorization for my/our minor to receive electronic and social media communications from members or representatives of Lebanon FUMC. \_\_\_\_

**SIGNATURES: Must sign in blue ink in front of a Notary.**

Parent/Legal Guardian: \_\_\_\_\_

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

(Notary Stamp Here)

Notary: \_\_\_\_\_

Date: \_\_\_\_\_ Commission Exp. \_\_\_\_\_