

First Presbyterian Church of Delray Beach Covenant and Release Form 2018-19

Name of Participant: _____

Youth Group Covenant

I will honor God in all my actions and words.

I will maintain a high standard of moral conduct through both my language and actions, so that others may see Christ through me.

I will respect all the advisors and students on this trip. I realize that advisors have my safety and well-being in mind, and I will treat them with respect and follow their rules and directions.

I will not consume alcohol or use illegal drugs, and I understand that all youth activities and trips are tobacco free. I will not bring weapons of any sort.

I will keep youth leader advised on arrival and dismissal procedure.

I understand that if I break this Covenant, I will be sent home immediately at my or my parent's expense.

Liability Release Agreement

I/we understand that there are inherent risks involved in any trip or meeting at the church, and I/we hereby hold harmless and release First Presbyterian Church, its staff and volunteer workers from any and all liability due to any injury, loss, or damage to a person or property that may occur during the course of my/our involvement with the FPC organization. I understand that participants may be photographed or videotaped for promotional materials and give permission to FPC to use these images.

Transport Home Agreement for Student Participants

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend an event operated by FPC. I/we understand that a member of the FPC staff may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the site, he/she will be transported home at my/our expense. FPC staff will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement for Student Participants

I/we the undersigned are the parents having legal custody, or the legal guardians of the above named participant, have given our consent for him/her to attend any event operated by FPC.

In the event that she/he is injured while attending the event and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my consent, I/we hereby authorize the adult in charge of FPC to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is no time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier.

Signature of Youth, Adult, or Advisor

Date

Signature of Parent/Guardian of Youth Under Age 18

Date