

Permission and Release Form

Activity/Event _____ Date _____
Group *circle one* High School Fellowship (9-12 grade) Middle School Fellowship (6-8 grade)
Name of Student _____ Date of Birth _____
Address _____ Age _____ Sex _____
City _____ State _____ Zip _____
Phone Number (____) _____ E-mail _____@_____

Code of Behavior Agreement

Rules of Behavior Expected of Each Student

1. No alcohol or drugs permitted
2. No smoking
3. No violent play (hitting, kicking, etc.)
4. No obscene language
5. Respect others

Parent and Student Release Statement:

As parent/legal guardian of _____, I have reviewed the information about the youth ministry activity/event and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that I have initialed above.

I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledges that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as First Presbyterian Church Davenport, Iowa sees fit.

I/We understand all reasonable precautions will be taken at all times by First Presbyterian Church Davenport, Iowa and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold First Presbyterian Church Davenport, Iowa, its leaders, employees, and volunteers staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Presbyterian Church Davenport, Iowa through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by First Presbyterian Church Davenport, Iowa and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Presbyterian Church Davenport, Iowa, its leaders, employees, and volunteers staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Student Signature (if over 18 years old)

Date