

# Sojourn Student Ministry

## Liability / Medical Release and Conduct Contract

STUDENT'S FULL NAME \_\_\_\_\_

### LIABILITY RELEASE

I hereby give my permission for the herein listed student to participate in all activities offered by the ministries of New Life Assembly of God.

I give my permission for my student to ride with Pastors, leaders, volunteers, or other students in a church vehicle or in personal vehicles participating in church activities.

I understand all reasonable safety precautions will be taken at all times by New Life Assembly of God and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I hereby release, discharge, and hold harmless New Life Assembly of God, all of its sub-ministries, staff, volunteers, and other representatives or affiliates from and against any and all claims arising out of or related to illness, physical injury, death or damages that may result to the student while participating in New Life Assembly of God events, including any physical injury or harm by neglect of paid or volunteer staff while performing his/her duties.

In addition, I give my permission for free use of videotapes, photographs, audiotapes, or any other visual or audio reproduction in which my child may appear. I give my permission for New Life Assembly of God to use such media in audio or visual promotion.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CONDUCT CONTRACT

General Rules: 1) Students are expected to stay with the group at all times. 2) Students are expected to obey the Pastors and Sojourn Staff. 3) Students are expected to have a good attitude and behave politely. 4) Students are to abstain from all forms of PDA (public displays of affection). 5) Students are expected to report ON TIME to all meetings. 6) Students are to abstain from offensive language.

Specific Rules: 1) One guy and one girl are NEVER, under ANY CIRCUMSTANCES to be alone. 2) Fighting is absolutely prohibited. 3) Drugs / Alcohol are absolutely prohibited. 4) Tobacco products are absolutely prohibited for students under 18 years old.

Consequences. 1) A breach of generic rules and common courtesies will result in Pastor Jeremy (or other paid / volunteer staff) administering punishments as necessary. 2) A breach of a Specific Rule will result in IMMEDIATE DISMISSAL. 3) Continued breaches of general rules will result in DISMISSAL.

Agreement: I hereby agree that, in the event my child is dismissed from an event as a result of disciplinary action, I will pay the transportation fare associated with my student's immediate dismissal or will personally retrieve the student from the group within a reasonable time period. I understand that no financial refunds will be given for early dismissal.

Furthermore, I agree to be held financially liable for any damage to property inflicted by my student.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## MEDICAL RELEASE

1. Is there any information we should have regarding the welfare of this student: handicaps, restrictions, diets, etc? If this is not enough space, please attach a detailed sheet.
2. Is there any activity you do not wish him/her to participate in?
  - a. YES / NO
  - b. If yes, please explain in full:
3. Please give the date of the last MMR/Tetanus shot: \_\_\_\_\_
4. List any medication your student is allergic to:

I understand that in the event medical intervention is needed an attempt will be made to contact me through all of the means listed as emergency contacts. In the event that I or other listed emergency contacts cannot be reached in an emergency – or if the emergency demands immediate action – I hereby issue the following emergency consent:

**Emergency Consent:** I, the undersigned, parent or legal guardians of the participant, a minor, hereby authorize the director or other responsible staff acting on behalf of New Life Assembly of God, to act as my Agent, to consent to medical, surgical or dental examination and/or treatment. Furthermore, I 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. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact(s) listed below

I understand that my insurance coverage for my student will be used as primary coverage in the event medical intervention is needed.

Insurance Carrier

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Insurance Co. Phone Number

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Policy Number

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Group Number

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT'S FULL NAME \_\_\_\_\_

#1 Emergency Contact Number (NAME / NUMBER) \_\_\_\_\_

#2 Emergency Contact Number (NAME / NUMBER) \_\_\_\_\_