

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another
- Respect and comply with event schedules and rules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student's name (printed) _____

Student signature _____ Date _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student conferences, rock climbing, lock-ins, mission trips, service projects, choir trips, small group outings, sleep-overs, and more. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Kendra Holcomb-Densmore prior to that event.*

_____ has my permission to attend all youth activities sponsored by Knox United

Name of Student

Presbyterian Church from _____ to _____.

Date

Date

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Knox United Presbyterian Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Knox United Presbyterian Church. ***I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.*** In the event that he/she is injured 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 required from a physician and/or hospital personnel designated by Knox United Presbyterian Church, 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. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the youth director.

Parent/Guardian's name (printed): _____

Parent/guardian signature: _____

Date: _____

Subscribed and sworn to me, a Notary Public, by the above signed person, this _____ day of _____ 2017.

Notary Public

Commission Expires