**Covenant. Medical & Liability Release Form**

**Asbury United Methodist Church—Greeneville, TN**

Participants Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_ Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work# and Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work# and Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact (if parent cannot be reached)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Hospitalization Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subscriber’s DOB\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Insurance Claims Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Authorization Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide a copy of your insurance card.)

Family Doctor/Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Aid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Check all treatments that can and will be used as needed.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Eye Wash |  | Rolaids/Tums |
|  | Benadryl |  | Imodium |
|  | Calamine |  | Throat Spray/Lozenges |
|  | Hydrocortisone |  | Neosporin |
|  | Ibuprofen |  | Robitussin |
|  | Tylenol |  | Swimmers ear solution |
|  | Tylenol Cold |  | Milk of Magnesia |

**Medical History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add a page with details:

1. For your student’s safety and our knowledge, is your student a—

❑ good swimmer ❑ fair swimmer ❑ non-swimmer

1. Does your student have allergies to—

❑ pollens ❑ medications ❑ food ❑ insect bites

Explain:

1. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

❑ asthma ❑ epilepsy / seizure disorder ❑ heart trouble ❑ diabetes ❑ frequently upset stomach ❑ physical handicap

1. Is your student up to date on immunizations?

❑ Yes ❑ No

1. Date of last tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have they had the Covid vaccine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does your student wear

❑ glasses ❑ contact lenses ❑ neither

Please list an explain any major illnesses the student experienced during the past year that is important to know about:

Should this student’s activities be restricted for any reason? Please explain:

List current medications/dosage/frequency/reason for taking:

Additional comments:

**Covenant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

These rules and guidelines have been written down to inform all participants of Asbury UMC Youth of how they are expected to conduct themselves at any function. These rules were not established to take away any privileges or fun out of any function, but were established to protect each participant, as well as the group as a whole (volunteers and director included), to ensure everyone has a great all-around experience while attending a youth function. If one or any number of these rules are broken, discipline will be taken in the following manner, unless otherwise listed and/or discussed on a personal bases:

1. Depending on the offense, the offender will either be given verbal redirection from an adult or removed from the group for a minimum of 5 minutes to discuss with an adult the situation, what they can do to fix the situation, and then reintegrated back into the group.
2. If a student has to be pulled away from the group twice, there will be something written up to document the behavior and/or actions and a plan to address such behaviors/actions for future functions that will be signed by youth, Youth Director/Pastor, and parents.
3. If the problem persists past 4 redirections, or otherwise stated below, a telephone call will be made to the parent(s) or guardian(s) and the youth will have to be picked up from the youth function at that time.

**General**

1. Participants must stay with the group in the designated area(s) while attending any function.
2. Participants are to respect and follow requests made by the director, counselor, helping adults, or leader of the program. Youth should not have to be asked or told more than once to do something.
3. Accidents happen! Anything broken during student function should be reported to the director as soon as possible. If any item is discovered, and the participant that did it is known and did not report it or was doing something they should not have been, they or their parents will be required to fix or replace the broken item at their own personal cost.
4. No matches or lighters are to be used at any time unless specifically requested by a counselor or the director.
5. Only age-appropriate movies are to be shown at any student ministries function. Any questionable material must be run by the director before being shown. All movies viewed are subject to the youth director’s approval or subsequent disapproval.
6. Displays of affection are restricted to hugging and holding hands. Under no circumstance is purple to be made in non-designated purple areas (Purple is the mixing of the sexes in inappropriate places. Girls are pink and boys are blue) unless instructed by the director.
7. Fireworks are strictly prohibited from being used by, purchased by, or in the possession of any youth at any function.
8. Any inappropriate use of Alcohol or drugs is strictly prohibited from being used by, purchased by, or in the possession of any participant at any function. Prescription drugs are to be given to a counselor or director and will be given out by a counselor or director at the appropriate times unless otherwise discussed with parents.
9. Foul language will not be tolerated at any function. This includes crude and racist jokes.
10. Cell phone use and possession may be limited or prohibited at functions. The basic rule is to keep it away when there is a lesson or group activity.

**In the Church**

1. Participants are not to touch, play with, tamper with, or use any electronic equipment in the church at any time during any function, unless specifically asked to do so by the director or the person in charge of the equipment.
2. Participants are not allowed to use any appliances in the church unless they have specifically asked the director to do so or have been requested to do so by an adult.
3. Participants should not be in the Choir room or touching any instruments throughout the church for any reason.
4. Participants are expected to respect personal space and not enter someone’s office without approval first.

**On Retreats and Trips**

1. Always remember the Covenant that was signed on the registration form in order to attend the trip. This may be something in addition to this Covenant.
2. Always act in a Christ-like manner.
3. Guests or friends on any outing are to be pre-arranged with the director by the parent(s) or guardian(s). They will need to provide completed paperwork from their parents to attend functions.
4. (No Purple) Males are not allowed in designated female sleeping areas and vice-versa. There are exceptions to this that can be made on a needed basis.
5. While in public, there will be a minimum of 4 participants required in each group unless accompanied by an adult. Junior High is required to have an adult in their groups (grades 6th-9th). 10th-12th grade youth may stay in groups of 4 or more where mixed groups should be no less than 2 girls and 2 boys.
6. Trip deposits are due on the day of the registration deadline and are non-refundable unless either someone else is found to take the participant’s place, there is a death in the family, or the participant has an illness which prevents them from attending. Deposits turned in before the deadline can be refunded until the deadline date.
7. Late registration may be accepted, but neither room on the trip or a bed will be guaranteed. There will also be a 10% (minimum $5) late registration fee required unless the youth is replacing another youth that cannot attend.
8. The final cost for the trip is due the Sunday before the trip unless otherwise noted by the Director of Student Ministries.
9. Though we like jokes please carefully consider your practical jokes. Any practical jokes’ impact will be evaluated by the Director and may result in Disciplinary action.
10. We reserve the ability to require separate rules and guidelines specific to each function as needed. They will be signed to show we have all agreed on the rules and guidelines.
11. Additions and/or changes to this Covenant can be made at any time by the Director of Student Ministries, Pastor, or Youth Admin. Counsel at any time. If changes are made, you will be notified of those changes.

Remember that our number one rule that every person that participates in Youth is expected to follow is to love God, ourselves, and one another. There are absolutely no exceptions to this rule. This rule is also where the above rules and guidelines stem from. If we are to act like Christ, we are to act from a place of love.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian

**Release and Hold Harmless Agreement for Asbury United Methodist Church**

By my signature, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant my permission for him/her to participate fully in any activities or trips sponsored by Asbury United Methodist Church. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I give permission for my youth to participate in Asbury AUMC Student Ministry activities and transportation with Asbury UMC Student Ministries. I understand that all precautions will be taken for my child’s safety. I will not hold the church, it’s staff, or those supervising liable. Permission is also granted for the staff at Asbury UMC to transport my youth for any church related functions.
3. I knowingly release, absolve, indemnify, and hold harmless Asbury United Methodist Church (UMC) from all claims that might result from any injury or death of any minor. This agreement pertains to all programs and activities including those where transportation is provided.
4. Should medical help be needed; I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs.
5. I hereby grant permission for photographs, videos, or voice recordings of my minor children as well as myself participating in church-sponsored programs to be used in any church media (including, but not limited to, newsletter, website, advertisements, videos, brochures) and for Asbury UMC to make changes and/or edit this media as the church deems necessary. The below signature applies to any media created or taken prior to this receipt by Asbury UMC
6. I have read the above Rules & Covenant, and hereby agree to follow and support them at all Asbury Student Ministry functions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Participant

State of Tennessee, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print the name of county where this statement is notarized)

Sworn to and subscribed before me, the undersigned authority, on this date: : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_,

By (Print Notary’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public, State of Tennessee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Notary’s Signature*

My commission expires: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_