

STUDENT RESPONSIBILITY PLEDGE

Please read the expectations below and sign your name at the bottom of the page. Your signature indicates that you have read and fully agree to follow these expectations. You will be able to attend SouledOut activities and events when this form comes back to us.

In order to help provide a safe and loving environment:

I will not use, consume, or have possession of any drugs, alcohol, tobacco, or any controlled substances. I will not bring weapons to any event, activity, or function (i.e. knives). I will not willfully strike an adult leader or another student. I will not participate in any inappropriate public display of affection. I will not use disrespectful language. I will have respect for the church property and the property of others. I understand that theft, vandalism, and other illegal acts will not be tolerated. I will not leave the building or grounds during a SouledOut activity. I will follow other specific rules that have been set forth for a specific event or activity.

I understand that if I disregard any of these expectations, I will be removed from the group and/or my parent/guardian will be notified to come and take me home, regardless of the location.

I understand that other inappropriate behaviors observed by an adult leader may result in first a verbal warning. A second infraction will mean that my parent/guardian is called to take me home, regardless of the location.

All in all, I will respect others and conduct myself in a responsible, positive manner.

Student's Name: _____ Signature: _____

Parent/Guardian(s):

I have read and understand what the participant has signed:

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

RELEASE FORM

Student's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Emergency Contact if parents are unreachable:
Name: _____ Phone Number: _____

Health Insurance: _____

Policy Number: _____

Special Concerns/Allergies/Medications: _____

Medical Release:

I/We, the undersigned, are the parents or legal guardians of _____ (participant's name), a minor, and have given our consent for him/her to participate in SouledOut, the youth ministry of Living Hope Evangelical Free Church. In the event that he/she is injured while attending a SouledOut activity and requires medical attention, 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/our consent, I authorize Living Hope Evangelical Free Church, its agents, and volunteer workers to give consent for us if I/we cannot be reached by telephone or because of an emergency where there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person and Living Hope Evangelical Free Church free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the 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 and agree to pay all costs and expenses incurred.

Liability Release:

I/We understand that there are inherent risks involved in any church event, and I/we hereby release Living Hope Evangelical Free Church, its 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 involvement with the organization of Living Hope Evangelical Free Church.

Agreement to Transport Home:

Should Living Hope Evangelical Free Church, its agents, and volunteer workers deem it necessary for my/our child to return home due to medical or behavioral reasons, I/we shall assume all transportation costs.

Parent/Guardian Name: _____ Signature: _____
Relationship to Student: _____ Primary Phone Number: _____
Other Phone Number: _____

Parent/Guardian Name: _____ Signature: _____
Relationship to Student: _____ Primary Phone Number: _____
Other Phone Number: _____

(OVER)