



Asbury United Methodist Church (AUMC) Youth Ministry Consent Form

Event Name: _____ **Event Date(s):** _____

Please Print

Participant's Name: _____

Address: _____ **City/State/Zip** _____

Phone: (_____) _____ **Date of Birth:** ____/____/____

In case of emergency, please contact:

(#1) _____ Phone _____

(#2) _____ Phone _____

Medical Information: (Please include a copy of your insurance card)

Immunization Record: Please list the date of Last Tetanus Shot: ____/____/____

Please check those medications that AUMC staff/volunteers may distribute to your student. Note that medications will not be distributed without parent/guardian permission.

Over-the-Counter Medications:

____ Headache relief (e.g. Tylenol, Advil, Aleve) ____ Digestive pain relief (e.g. Tums)

____ Cold, allergy, and sinus relief (e.g. Sudafed, Benadryl) ____ Motion sickness relief (e.g. Dramamine)

Please list all allergies and all medications, both over-the-counter and prescribed, that student is currently taking:

Photo/Video Release (please choose one)

PERMISSION GRANTED:

I hereby grant permission for my Teen to be photographed and/or videotaped during Asbury Youth Ministry activities and events. I understand that my Teen may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Asbury Youth Ministry and/or Asbury United Methodist Church.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION DENIED:

I hereby decline to grant permission for my Teen to be photographed and/or videotaped during Asbury Youth Ministry activities and events. I have instructed my Teen to decline to be photographed and/or videotaped at all times. I have further instructed my Teen to notify Asbury Youth Ministry Leaders and/or Team Members that he/she may not be photographed and or videotaped under any circumstances.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Consent & Liability Release

"Having been made aware of the activities the participant will be doing, I hereby consent to his/her participation. I voluntarily release and forever discharge Asbury United Methodist Church (AUMC) from any and all liability, claims, actions, or rights of action which are in any way related to participation in the event activities. I agree to indemnify and hold AUMC harmless from any and all costs or damages, including attorney fees, incurred in connection with participation in event activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against AUMC arising from participation in event activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution. In case of emergency, I understand every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give AUMC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety and welfare. I release AUMC from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the participation in event activities."

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Youth Covenant

As a participant, I agree to:

- Be sincere in my motives for attending and to make foremost the goals of personal growth & Christian fellowship.
- Not bring or use any alcohol, tobacco products, illegal drugs, or weapons.
- Not participate in any behavior that endangers other participants.
- Not be in the housing of the opposite gender at any time.
- Be in my room by curfew each night.
- Follow all rules.
- Exhibit appropriate and respectful behavior, attire, and language.

Youth Name: _____

Youth Signature: _____ Date: _____

Parent/Guardian Covenant and Release

This must be signed by the parents/guardian of youth participants under 18 years of age. As a parent or guardian of a participant, I agree to assume full financial responsibility for any damages which my son or daughter might inflict; and for transportation if my son or daughter must be sent home early for any reason.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

**This form must be turned in *with a copy of your insurance card
to the Asbury Youth Ministries department
by due date for the particular event.**