

OAKDALE EMORY UNITED METHODIST CHURCH REGISTRATION

**WAIVER AND RELEASE OF LIABILITY,
MEDICAL/HEALTH INSURANCE RELEASE,
MEDIA RELEASE, & COVENANT OF CONDUCT**

NAME OF PARTICIPANT (Please print): _____ **DATE:** _____

EVENT: _____ **DATE:** _____

Date of birth: ___/___/___ Grade: _____ School: _____

Address: _____

Phone Contacts: Home #: _____ Youth Cell # : _____

Parent(s)/Guardian(s) Names: _____

Cell Phone #s: _____
(Father) (Mother)

Work Phone #s: _____
(Father) (Mother)

Main Email Contact: _____

In case Parents(s)/Guardian(s) cannot be reached please contact:

Name: _____ Phone #'s: _____

Relationship to participant: _____

Allergies/Special Health Concerns/Needs: _____

Medication(s) being taken: _____

Special Dietary Needs: _____

Blood Type (if known): _____

Insurance Company: _____ Phone: (____) ____ - ____

Address: _____
(Street) (City) (State) (Zip)

Policy #: _____ Group # _____

Doctor's Name: _____ Phone: (____) ____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

Dentists' Name: _____ Phone: (____) ____ - ____

Address: _____
(Street) (City) (State) (Zip Code)

Capacity

I hereby certify that I am 18 years of age or older and have the capacity to enter into this waiver and release on my own behalf or on behalf of the minor Participant identified above as his/her parent and/or guardian.

Parent/Guardian Signature: _____ Date: _____

Medical Waiver & Authorization for Treatment

I hereby certify that the Participant identified is in good physical and mental health at this time, and wishes to participate in the above event/activity. I understand that the Participant's participation may result in an unexpected illness or injury due to accidents, forces of nature, or other unforeseeable events. Such illnesses or injuries could include diseases, strains, sprains, fractures, dislocations, and/or death. These injuries (if incurred) could cause permanent disabilities. I realize that there are certain risks arising from this activity, and I am willing to assume such risks for the Participant. Should an injury occur, I hereby give permission to the medical personnel selected by Oakdale Emory United Methodist Church Staff (hereinafter "OEUMC") to (1) order X-rays, routine tests, treatment, (2) to maintain and/or release any medical records necessary for insurance purposes and (3) to provide or arrange necessary related transportation for the Participant. In an emergency, I hereby give permission and authorize the physician selected by OEUMC to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures, which may be needed for the Participant.

Parent/Guardian Signature: _____ Date: _____

Release of Liability:

I hereby agree to release, hold harmless and indemnify OEUMC and its agents, servants, employees, Trustees, officers, volunteers, principals and all other persons in any way affiliated with OEUMC from any and all claims, actions and causes of action of any kind or nature including, but not limited to, all suits for bodily injury, medical expenses, lost wages, lost future earnings, lost earning capacity, wrongful death and property damage, arising out of the Participant's participation in this Church event or project, whether or not such claims or suits arise from the negligent acts by the organizers of this activity, their employees, volunteers, other participants, or any other person.

Parent/Guardian Signature: _____ Date: _____

Media Release:

I hereby grant and convey to OEUMC all right, title, and interest in any and all photographic images and video or audio recordings made during any program or event activity with OEUMC. Furthermore, I grant permission for OEUMC to use photographs, videos, audio recordings, or to otherwise document the Participant's participation in OEUMC programs, for all legal purposes including, but not limited to, advertising, publicity, and activities. I understand that OEUMC will not identify by name any minors in either print, video, or web-based images.

Parent/Guardian Signature: _____ Date: _____

Covenant of Conduct:

In all meetings, retreats, or other events under the sponsorship and/or guidance of OEUMC, I acknowledge that I am a representative of the OEUMC Christian community, and I am responsible for my actions. I understand and agree to follow these guidelines:

- Keep thoughts and action pure, and dress modestly.
- Maintain a positive and respectful attitude.
- Participate in all group activities.
- Keep language clean and appropriate.
- Males and females must respect appropriate physical boundaries established by leaders and are not permitted in each other's room on overnight trips and events.
- Do not possess or consume alcohol or drugs.
- Do not bring, possess or purchase weapons with respect to the activity, including pocket knives.
- Always stay with a buddy and let a leader know where you are going should you leave the group.
- Leave the meeting space/room/bus clean and better than you found it.
- Respect all additional rules and curfews established by leaders.

I AGREE TO THE STANDARDS AND WILL UPHOLD THE COVENANT. I UNDERSTAND THAT IF I MAKE POOR CHOICES AND BREAK THE COVENANT THAT I MAY BE SENT HOME, INCLUDING AT MY PARENTS EXPENSE IF I AM A YOUTH PARTICIPANT

Participant Signature: _____ Date: _____

Parent/Guardian Covenant

I acknowledge that OEUMC leadership reserves the right to send any Youth Participant home, at my personal expense, in the event that a serious behavioral incident occurs with my Youth Participant during any trip or activity. I understand that the leadership team will assess the situation, make a decision, call me or my designee, and identify the action that will take place. Examples of serious behavioral incidents may include, but are not limited to, fighting, drug or alcohol use, sexual activity, vandalism, violent behavior, and disobedient behavior.

Parent/Guardian Signature: _____ Date: _____

I HAVE READ THIS WAIVER, RELEASE, AND COVENANT AND I AM SIGNING THIS LEGAL DOCUMENT VOLUNTARILY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM WAIVING MY RIGHT TO FILE AND PURSUE CLAIMS AGAINST THE CHURCH THAT MAY OTHERWISE BE AVAILABLE TO ME.

I AGREE TO NOTIFY OEUMC SHOULD ANY OF THE ABOVE INFORMATION CHANGE SO THAT THIS FORM WILL BE UP TO DATE AT ALL TIMES.

SIGNATURE OF PARENT IS REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS

Signature of Parent/Guardian or Participant
(if Participant is 18 years of age or older)

Date