

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
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

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

St Paul Lutheran Church youth activities include, but are not limited to: Mission trips, Sporting activities, Field Trips, Social gatherings, Cookouts, Boating, Water Skiing, Swimming, Roller Blading, ice skating, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director or small group guide prior to that event.

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

I the undersigned have legal custody of the student named below, a minor, and have given my consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I 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 child's involvement. I acknowledge and agree on my behalf and on behalf of each of my children/minors/wards that all medical expenses and any other damages, costs, claims, or losses including bodily injury or illness arising out of or during volunteer services and activities of St. Paul Lutheran Church and/or School will not be covered. I understand and agree that I am responsible for obtaining and maintaining appropriate insurance coverage for myself and my children/minors/wards during all of my /our activities. In the event that he/she is injured and requires the attention of a doctor, I 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 the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member.

I have carefully read this page and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will. I hereby give irrevocable release and waive my claims against St. Paul Lutheran Church and/or School's insurance coverage otherwise provided to employees.

_____ *has my permission to attend all youth activities*
Print Name of Student

associated with the youth programs of St. Paul Lutheran Church (hereinafter the "Church")from **September 1, 2011 thru August 31, 2012.**

Student Signature: _____ **Date** _____

Parent/Legal Guardian Signature for children under age 18

PHOTO RELEASE

I HEREBY GRANT PERMISSION TO **ST. PAUL LUTHERAN CHURCH** TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MYSELF, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF **ST. PAUL LUTHERAN CHURCH.**

SIGNATURE OF PARENT OR GUARDIAN _____