

STRIVE Youth Ministry

Permission Form

Living Grace Baptist Church

Code of Conduct

- Comply with directives given by those in authority.
- Project an image of consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior.
- All clothing must be modest.
- No pairing off of couples and no inappropriate public display of affection.
- No use/possession of alcohol or drugs.
- Notify leadership of all prescribed medications that would be needed during events.
- Refrain from actions that could result in injury and/or damage to property.
- Report problems of any kind to a trusted adult.

I agree to abide by the code of conduct outlined to the left and respect, honor and obey the leaders and volunteers of The STRIVE Youth Ministry at Living Grace Baptist Church and act in a considerate, respectful manner toward others. By signing, and my parent/guardian signing this form, we understand and agree that in the event I breach any of these codes of conduct, **I can be sent home at the expense of my parents/guardians any time during the event.** In the event of possession of drugs, alcohol and or tobacco, law enforcement can be notified, and it will be my parent/guardian's responsibility to reimburse The STRIVE Youth Ministry any expenses incurred to return the youth home.

Youth Signature _____ Date _____

Parent/Guardian _____ Date _____

Liability Release

This is to certify that my child _____ has my permission to participate in, and be transported to, events sponsored by Living Grace Baptist Church Youth Ministry, STRIVE. I agree to release The STRIVE Youth Ministry, Living Grace Baptist Church, its representatives, officers and volunteers from any blame or liability should an accident or illness befall the above named child.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Medical Release Form

Name _____ Age _____ Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____ Student Cell Phone _____

Father's Name/Phone # _____

Mother's Name/Phone # _____

Additional Emergency Contact/Phone # _____

Physician's Name/Phone # _____

Health Insurance/Number _____

Specific medical conditions, allergies (food, medicine, etc.) or other health information:

Permission for Medical Treatment

In the event that my child becomes ill or sustains injury while in the care of, or under the supervision of The STRIVE Youth Ministry/Living Grace Baptist Church or any of its representatives, officers or volunteers; they are given permission to administer first aid for my child's relief. I further understand that in signing this permission slip, I release and hold harmless The STRIVE Youth Ministry, Living Grace Baptist Church, its representatives, officers and volunteers from any liability, past or future, fully and completely. If it is not practical to return my child to me or to receive my instructions for my child's care, consent is hereby given to secure the administration of medical treatment or medication. I hereby agree to reimburse The STRIVE Youth Ministry/Living Grace Baptist Church, or the leader for any expenses incurred in the care of my child should any type of medical treatment be necessary. This would include, but is not limited to hospitals, doctors, ambulances, etc.

Parent/Guardian Signature _____ Date _____

MEDIA RELEASE FORM

I, _____ the parent or legal guardian of _____, grant permission to STRVIE Youth Ministry and Living Grace Baptist Church, hereinafter known as the "Media" to use their image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines
 - General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs, video, audio, or other electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____