

Youth Release & Permission Form

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Effective dates: **September 1st 2020 – August 31st 2021**

Please print in ink

Name: _____ Age _____ Birthdate _____
LAST FIRST MIDDLE MM/DD/YYYY

Grade in school _____ ☐ Male ☐ Female Email _____

Address _____ City _____ Prov. _____ Post. _____

Home _____ Cell _____

B.C. Health Care Number _____ Other Med Ins. _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to—
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes
☐ frequently upset stomach ☐ physical handicap
- Date of last tetanus shot: _____
- Does your child wear ☐ glasses ☐ contact lenses
- Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs
- No students may drive
- No fighting, weapons, fireworks, lighters, or explosives
- 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.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, volleyball, softball, baseball, hiking, biking, concerts, Bible studies, hayrides and off-site day events. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event. Information collected in writing will be used for this youth ministry and may be used for future contact in connection with the Greendale MB Church to keep you informed of the available program options. Still or motion video format may be used for the purposes of youth ministry, and may be used for the church program purposes.*

Please note that any overnight trips and retreats will require their own consent forms.

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/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we 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/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we 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/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we 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/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

_____ has my permission to attend all youth activities
NAME OF STUDENT
 sponsored by Greendale MB Church from **September 1, 2019 – August 31, 2020.**

Parent/guardian signature: _____ Date: _____

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, national, provincial, and local governments and federal and provincial health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Greendale Mennonite Brethren Church Youth Ministries (Ill Ministries) has put in place preventative measures to reduce the spread of COVID-19; however, Ill Ministries **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending Ill Ministries could increase** your risk and your child(ren)'s risk of contracting COVID-19. If students, parents, or other members of the household show or have shown any COVID-19 related symptoms in the last 14 days, please do not attend any Ill Ministries events. Church staff and volunteers retain the right to refuse entry to events in the case of potential symptoms

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Ill Ministries and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Ill Ministries may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the church staff, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Ill Ministries or participation in Ill Ministries programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Ill Ministries, Greendale Mennonite Brethren Church, the church staff, and volunteers, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Ill Ministries, Greendale Mennonite Brethren Church, the church staff, and volunteers, whether a COVID-19 infection occurs before, during, or after participation in any church program.

Parent/guardian signature

Date:

Print Name of Parent/guardian

Name of Student