

Journey Students Event Agreement

Please complete and return this form to Journey Community Church (attention: Jenn Harrison).
All student participants must have a completed form on file to participate in any retreat or event sponsored through Journey Community Church!

STUDENT'S FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN NAME(S): _____

CELL PHONE 1: _____ CELL PHONE 2: _____

EMERGENCY CONTACT: _____ RELATION: _____

CELL PHONE: _____

Please list any health problems, medical, physical, dietary restrictions/requirements, or allergies:

Please list any and all medications currently taking (name, dose):

I give my consent for my student to take _____
if the need arises due to headache, muscle cramps, pain, etc.

Other information that leaders should be aware of:

PARTICIPATION - FUNCTIONS AND ACTIVITIES

I understand that participating in programs, recreation, and other activities of Journey Students (a ministry of Journey Community Church) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents or transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other inherent risks associated with these activities of which I may not be presently aware.

RELEASE OF LIABILITY

By signing this form, I expressly warrant that the above named or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks that may arise in participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers, and agents from any claim that I may have against them because of injury or illness incurred during participation in these activities. This release of liability is also intended to cover all claims that members of the above-named student's or my family or estate, heirs, representatives, or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from all claims arising from my participation in its activities and programs, or because of injury or illness of the above named during such activities.

FIRST AID AND EMERGENCY MEDICAL TREATMENT

I recognize that there may be occasions where the above named or I, if I am a participant, may need first aid or emergency medical treatment because of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the above named or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises, in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

TRANSPORTATION

I give consent for the above named, or I, if I am a participant, to be transported in church-provided transportation for various activities.

STUDENT CONTRACT:

I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. By signing this contract, I understand that action will be taken, my parents will be contacted, and I am subject to be sent home if I am involved any of the following:

- possession of illegal drugs, non-prescribed medication, alcohol/tobacco/vaping products, or weapons
- bullying
- entering the cabin of someone of the opposite gender
- public displays of affection (between opposite gender or same gender)
- sharing a single bed with another student
- blatant disrespect to authority

Student Signature _____

Printed Name _____ Date _____

FOR USE IF THE PARTICIPANT IS A MINOR:

I represent that I am the parent/guardian of the student listed above, who is under 18 years of age. I have read this form in its entirety, and I give permission for the student named above to participate in the activities of Journey Community Church. I hereby consent to the Participation, Medical, Liability & Transportation Releases above, on behalf of the student. I understand that if the student breaks the Student Contract I will be notified and he/she could be sent home at my expense.

Parent or Legal Guardian Signature _____

Printed Name _____ Date _____