



Anderson Hills Student Ministry
 @ Anderson Hills UMC
 7515 Forest Road | Cincinnati, Ohio 45255
 513-231-4172

Student Name: _____

Address: _____ Zip: _____ State: _____

Date of Birth: _____ Email: _____

TRAVEL APPROVAL AND CLAIMS RELEASE

I hereby consent, by my signature at the end of this form, to his/her participation in **ALL STUDENT MINISTRY ACTIVITIES**, including travel to **VARIOUS PLACES**, during the period **JULY 1, 2011 – SEPT. 1, 2012**. Furthermore, on behalf of my child and myself, with the intent of being legally bound, I hereby fully release and discharge Anderson Hills United Methodist Church and any personnel associated with said church from all claims and actions as a result of accident or injury while on church property, while involved in travel or while participating in student ministry activities off site. I do so without relying upon any inducements, promises or representations made by Anderson Hills United Methodist Church.

EMERGENCY MEDICAL AUTHORIZATION

As parent/legal guardian of the named person, I authorize the provision of emergency medical treatment for my child upon becoming ill or injured while participating in activities held at or in association with Anderson Hills United Methodist Church in the event I cannot be reached.

Mother's Name _____ Phone _____

Cell # _____

Father's Name _____ Phone _____

Cell # _____

Residential Parent/Guardian _____ Phone _____

Cell # _____

Other Emergency Contact: _____ Phone _____

Email Address _____

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

My child is covered under a medical insurance policy* Y or N

*Please attach a copy of the front and back of medical insurance card.

Insurer _____ Policy/Contract # _____

In case of an emergency, all efforts will be made to contact the above parent(s)/guardian(s). In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named physician, or, in the event the designated preferred physician is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Preferred local hospital: _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of the surgery.

Facts concerning the child's medical history of which leaders and emergency medical personnel should be aware including allergies, serious medical conditions and medications being taken: _____

My signature at the end of this form indicates that I release all claims. I am aware that I have the right, if I desire, to consult with an attorney to discuss the significance of signing this release before I sign.



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CONSENT TO USE VOICE AND IMAGE

At some point during participation in student ministry activities we might photograph, videotape, film and/or interview you. We might do this because we believe that our students are the best evidence of the positive benefit of participation in the student ministry and we would like to show you off by publishing some of the photographs, video, film and/or interviews for promotional purposes.

By signing at the end of the form I acknowledge and agree to the following:

- (1) I give my permission to the Anderson Hills Student Ministry and Anderson Hills United Methodist Church, including employees, agents and volunteers of these entities, to photograph, videotape, film and/or interview me during my attendance at Anderson Hills Student Ministry or Anderson Hills UMC activities/events for the purpose of promoting or reporting on the Anderson Hills Student Ministry.
- (2) I may, at any time, verbally decline to be photographed, video taped and/or interviewed.
- (3) I give my permission to the Anderson Hills Student Ministry and Anderson Hills United Methodist Church, including employees, agents and volunteers of these entities, to publish any such photographs, video, film and/or interviews for the purpose of promoting or reporting on the Anderson Hills Student Ministry. Further, I understand that publication may include, without limitation, use of any such photographs, video, film and/or interviews on Anderson Hills UMC websites, brochures and/or videos dealing with the Anderson Hills Student Ministry.

CODE OF CONDUCT

- o Respect the leadership of the volunteer staff (i.e. when they say I need to do something, STOP doing something, be somewhere, etc.)
- o Be where I am supposed to be when I'm supposed to be there (i.e. the New Room, Front Lawn, Dining hall, Dorm, etc.)
- o NOT bring, use, sell and/or distribute ANY alcohol tobacco or drugs
- o NOT verbally fight, slander, insult, put down or abuse anyone attending any student ministry activity/event
- o NOT physically harm anyone attending any student ministry activity/event
- o NOT engage in any romantic physical contact with a boyfriend, girlfriend or anyone
- o Dress modestly and appropriately, following suggestions from any adult or volunteer staff
- o NOT use profanity, vulgarity, dirty jokes, etc.
- o NOT bring, purchase, and/or use any weapons

I have read and fully understand this code of conduct and understand that these guidelines are in place for my safety and for my greatest enjoyment of student ministry activities/events. I understand that if I choose NOT to follow these rules I am choosing to be sent home without a refund or any remuneration. I understand that I WILL be sent home if I violate any of these rules. As a parent, I have read and fully understand these rules. I understand that if my child chooses to break these rules I will be called to come and pick up my child at my own expense.

*** Part I or II must Be Completed & signed below!**

PART I - TO GRANT CONSENT

I hereby consent to travel approval, claims release, emergency medical authorization, use of voice and image and the code of conduct, as stated above. My signature indicates that I release all claims. I am aware that I have the right, if I desire, to consult with an attorney to discuss the significance of signing this release before I sign it.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

PART II - REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child, travel and use of image or voice. In the event of illness or injury requiring emergency treatment, I wish the leaders of Anderson Hills Student Ministry to take no action or to: _____

Signature of Student

Date

Signature of Parent/Legal Guardian

Date