

ResStudents Liability Form 2021-2022

In order to maintain the highest level of safety for all our students, it is necessary that all students have a completed liability waiver. This waiver will be kept for one year. It is the responsibility of the family to update Resurrection Student Ministry Staff of any pertinent changes.

Please leave any non-applicable sections blank.

Student Contact Information

Full Name: _____ Nickname/preferred name: _____

Date of Birth: _____ Grade: _____ School: _____

Address: _____

Email address: _____ Cell Phone: _____

Parent Contact Information

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Email: _____ Parent 2 Email: _____

Parent 1 Phone: _____ Parent 2 Phone: _____

Emergency Contact Information

Emergency Contact 1 Name: _____ Relationship: _____

Emergency Contact 2 Name: _____ Relationship: _____

Emergency Contact 1 Phone: _____ Emergency Contact 2 Phone: _____

Student Information

Does your student play any sports or participate in extra curricular activities? _____

Are any of these open to spectators and do you have any suggestions on attending events (e.g. games, performances, etc)?

Anna (and sometimes our volunteers) would love to come cheer our students on! Any information you can give (e.g. team or schedule) would be much appreciated!

Any ways that we can be supporting your student this year? Anything else we should know? _____

Health Insurance and Medical Information

The following information (insurance information and medical information) is voluntary based on your comfort level. In the event of an emergency, should your student need medical attention, this information would be shared with medical professionals who are attending to your student. This information is also helpful for us to take into consideration as we plan events and programs, such as what food to serve or what activities would be appropriate for the whole group. We hope to be aware of any pertinent information to best serve your student.

Insurance Provider: _____

Policy Number: _____ Group Number: _____

Primary Insured Person: _____ Relationship to Student: _____

Date of Birth (Primary Insured Person): _____ Employer: _____

Name of Student's Physician: _____ Phone: _____

Allergies (of any kind): _____

Dietary Restrictions: _____

Please give details as possible.

Does your student carry an epi-pen? _____

Medications (include dosage): _____

This is helpful for overnight trips to ensure safety for all students. Please include prescription, OTC, and herbal. The Director of Student Ministries may contact you prior to an overnight trip for additional information.

Is your student currently under a physician's care for any acute chronic or medical condition? _____

This is helpful as we plan games and activities to try to make sure everyone is able to participate in what is planned. This includes mental illness.

Does your student have a history of:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Digestive Disorder | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy/seizure | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Other; please explain: _____ | | |
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Permission for Medical Treatment

We (I), the undersigned legal guardian, hereby authorize any necessary (as deemed by Church of the Resurrection staff and medical professionals) medical treatment for the participant. We (I) also guarantee all payment of all charges incurred during this medical treatment.

Parent/Guardian

Date

Liability Release

The undersigned legal guardian acknowledges that the undersigned minor's participation in all activities with the Church of the Resurrection (Lutherville-Timonium, MD) Student Ministry is voluntary and may require traveling or physical exertion. Such activities may include, but are not limited to, outings, car rides, athletic games/activities, boat trips, water games, cook-outs, hiking, Bible studies, and outdoor games. The undersigned legal guardian further acknowledges that even though every effort is made to provide a safe, accident free environment, incidents may occur.

In consideration, we (I) do hereby release forever, discharge, and agree to hold harmless the aforementioned student ministry of any nature whatsoever which may be incurred by the undersigned and the student-participant that occur while said student is participating in this event. Furthermore, we (I), hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation. From **September 1, 2021 to August 31, 2022**, the undersigned student has permission to attend all student ministry programs and events as listed in the ResStudents calendar in CCB.

Transportation

We (I), the undersigned legal guardian, understand that transportation will be provided by Church of the Resurrection volunteers and staff. All drivers of vehicles will be appropriately licensed and over the age of 21. Variations of driver's age will be contingent on previous agreement with guardians. We (I) understand that most transportation will be done in privately owned vehicles. By signing below, we (I) give permission for my student to be transported by aforementioned volunteers and staff.

We (I) hereby execute this document (liability release and transportation) for and on behalf of the minor named herein.

Parent/Guardian

Date

Student

Date

Communication

We (I) understand that ministry leaders and volunteers are tasked with building relationships with all of the students in the ministry, which can include digital communication. Students are asked to have all text messaging happen through Remind, which allows for multiple staff members to see all conversations that take place, even if a student is messaged personally. Furthermore, the Student Ministry Instagram account (@resbaltstudents) is accessible to multiple staff people so that direct messages can be seen by multiple adults.

_____ Please initial here to give permission for student ministry staff and volunteers to text your student through Remind.

_____ Please initial here to give permission for student ministry staff to direct message your student through Instagram (@resbaltstudents)

Photo and Video Release

We (I) understand that The Church of the Resurrection Student Ministry often takes photos at programs, events, retreats, and trips as a way of sharing with others what took place and helping young people create lasting memories. By signing below, I hereby give consent for my child's likeness to be used in photos and videos shared on the resbalt.org website, Church of the Resurrection emails, and Church of the Resurrection social media (including student ministry social media).

Parent/Guardian

Date

Behavioral Expectation Agreement

Church of the Resurrection's Mission Statement: To know Christ and make Him known.

There are certain boundaries and behavior expectations that all students, volunteers, and staff will maintain in order to:

- Create an environment where we can focus on our mission
- Support a safe and enjoyable environment for all members
- Provide clear expectations for social behaviors for all members
- Provide leaders, students, and guardians with appropriate actions that address student behaviors

Behavioral expectations:

- Treat all students, leaders, and visitors with dignity and respect
- Respect and comply with event schedules
- No derogatory comments made about anyone or their opinions
- No excessive cell phone use during student ministry activities. If cell phone use is excessive the Director of Student Ministry can request for the phone to be held until the end of the activity
- At no times should a student leave the premises without prior permission of guardians and leaders
- For parents: at no times should a student be dropped off without a plan for them to get picked up
- Students should never be alone, out of eyesight, with another student or leader

No tolerance expectations:

- Alcohol, drugs, tobacco, marijuana, drug/tobacco paraphernalia, or weapons are never allowed at youth group events. Any of these products at a youth event will be confiscated and could result in the student being asked to leave.
- All harassment (verbal, physical, and sexual) is prohibited within the physical environment. Online harassment will be addressed if involving student members within student ministry online communication.

Potential Consequences for Offenses:

- 1st offense will result in a verbal warning
- 2nd offense will result in a discussion with the offending student and Director of Student Ministry to discuss the offense
- 3rd offense will result in a discussion with the offending student, their parent/guardians, and the Director of Student Ministry to discuss the offense. At this time, a consequence of a suspension from activities may be discussed

Students who frequently reach 3rd offence may lose privileges including, but not limited to, single day activities, and/or attendance at retreats. The leadership of the Church of the Resurrection reserves the right to determine the severity of the misbehavior and may choose to skip or modify the consequences.

As a participant in the Church of Resurrection Student Ministry, I agree to follow the above behavioral expectations, to respect myself and others, and provide a positive and supportive church environment. I understand that violation of the above behavioral expectations will not be tolerated.

Student Signature

Date

As a parent/guardian of the above minor, I agree to follow the above expectations when my student is participating in student ministry events and programs. I recognize that misconduct on the part of my student may result in transportation home at my expense and that a student dismissed for disciplinary reasons will not receive a refund for any activity fee(s).

Parent/Guardian Signature

Date

Office use only

Received by: _____ Date: _____

Processed by: _____ Date: _____