

Exit29 Student Ministries

Parent Packet 2021

April 2021 - December 2021

Welcome Back!

This 2020-2021 season has had a variety of changes, yet the youth group has grown and shifted. We've been praying for you and your families to remain engaged with your childrens' journey of faith in hopes they have great years of growth prior to graduation.



Calendar at a Glance

- **Camp Campbell Gard Outing**
Sun, April 18, 9a-4p Meet us at CCG by 9a, or catch a MFC bus at 8:30a from the church
- **Camp Lebanon Summer Camp 9-12**
Sun, June 13- Fri, June 18 *Registration is open
- **Flower Sale Fundraiser** now thru April
- **Wednesday Night Bible Studies** 7p at MFC
- **Exit29 serves in both services Sun, May 2**
- **Youth Worship** returning soon (stay tuned)
- **Youth Room upstairs** undergoing fixes

Paperwork Needed ASAP:

- MFC Liability Packet, including your full contact information
- Camp Campbell Gard liability release +\$36

Communication

Exit29 Instagram posts, *Remind app, Exit29 facebook page, Texts, occasional calls, email: Rick Duff rick@monroefirstchurch.com

Release of Liability

I understand that the opportunity to attend MONROE FIRST CHURCH OF GOD INC. activities as a member of R.U.S.H and EXIT 29 ministries is a privilege. In consideration for that privilege, I am signing this Release of Liability form on behalf of myself and my minor children.

I understand that my child may participate in any number of physical activities some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks of physical injury or illness associated with these activities of which I may not be presently aware.

_____ **INITIAL**

By signing this Release, I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release MONROE FIRST CHURCH OF GOD INC. including its affiliated chapters and their officers, directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness or death due to participation in MONROE FIRST CHURCH OF GOD INC. activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf. _____ **INITIAL**

I hereby assume full responsibility for any risk of bodily injury, exposure to bacteria and/or **viruses (including but not limited to COVID-19)**, death or property damage, now and forever, arising out of or related to participation and/or instruction in said activities and any other event related to the youth ministries, church and the gathering of both, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise. I hereby separately agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to my child's participation and/or instruction in said activities or any other event related to this ministry, church and the gathering of them both, whether caused by the negligence of the Releasees or otherwise. _____ **INITIAL**

Authorization for Medical Treatment

With the increasing sophistication of the medical system, I understand it may be necessary to have a parental consent form present in the unlikely event of an injury or condition requiring medical treatment of my child. This consent and release give MONROE FIRST CHURCH OF GOD INC. and its personnel the permission to take my child to the nearest, available medical facility and have any necessary emergency treatment administered.

IN CASE OF EMERGENCY, I UNDERSTAND THAT EFFORTS WILL BE MADE TO CONTACT ME; HOWEVER, IF I CANNOT BE REACHED, I HEREBY GIVE MONROE FIRST CHURCH OF GOD, INC. AND ITS REPRESENTATIVES THE PERMISSION TO ACT ON MY BEHALF IN SEEKING EMERGENCY MEDICAL TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY OR ADVISABLE FOR MY CHILD'S HEALTH, SAFETY AND WELFARE. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO, USING THE MEASURES DEEMED NECESSARY. I RELEASE MONROE FIRST CHURCH OF GOD INC., ITS REPRESENTATIVES, AND ALL MEDICAL PROVIDERS FROM LIABILITY IN ACTING IN THIS REGARD AND RENDERING SUCH MEDICAL TREATMENT. I WILL BE FULLY RESPONSIBLE FOR ALL SUCH MEDICAL EXPENSES. _____ **INITIAL**

I represent that I am the parent/guardian of the child named below, who is under 18 years of age. In consideration for allowing my child/ward participate in MONROE FIRST CHURCH OF GOD INC. activities, I hereby consent to the foregoing on behalf of my child/ward and agree that this release shall be binding upon me, my child/ward, and our heirs, legal representative and assigns.

I hereby agree to defend, indemnify and hold MONROE FIRST CHURCH OF GOD INC. including its chapter affiliates, their directors, volunteers, employees, contractors and agents, harmless from any liability asserted by my child/ward subsequent to his or her reaching majority, including reasonable attorney's fees and costs. I also warrant that my child/ward is physically fit and able to participate in all MONROE FIRST CHURCH OF GOD, INC. activities. _____ INITIAL

Media Release

I hereby grant permission to MONROE FIRST CHURCH OF GOD INC. the right to use, reproduce, and /or distribute ay photographs, film, videotapes and sound recordings of me and my child, without compensation or approval rights, for use in materials created for the purpose of promoting future activities of MONROE FIRST CHURCH OF GOD INC. _____ INITIAL

Behavioral Agreement

I understand that illegal or immoral activities or behavioral issues may result in the named participant being sent home at the expense of the parent(s)/guardian(s). (These activities would include, but not be limited to the possession and/or use of drugs, alcohol or weapons; sex outside of the marriage relationship; stealing; fighting; etc.) MONROE FIRST CHURCH OF GOD INC. will make effort to contact the parent(s)/guardian(s) to make arrangements before the named participant is sent home. _____ INITIAL

Medication Information

Any medication brought on the trip must be accompanied by written instructions from a physician/parent. All prescriptions must be brought to the ACTING NURSE OR DIRECTOR in the original container in which they were issued (with medical instructions, dosage information, etc.) _____ INITIAL

Authorization for Transportation

The undersigned does also hereby give permission for _____ to ride in any
(Participant's name)
vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by MONROE FIRST CHURCH OF GOD, INC. _____ INITIAL

Signature: _____ Date: _____

Signature: _____ Date: _____

MUST BE SIGNED BY ALL PARENT/GUARDIANS OF PARTICIPANT

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor neither is nor accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to Tammy Trenaman.

Minor/Student Information:

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female: _____ Male: _____

Parent 1 Name: _____ Parent 1 Phone #: _____

Parent 2 Name: _____ Parent 2 Phone #: _____

Secondary Emergency Contact Person & Phone # (in the event the parent cannot be reached):

Information for Medical Treatment:

Physician's Name and Location of Practice:

Physician's Phone #: (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note ALL conditions for which the child is currently receiving treatment:

Current Medications (Name, Dosage, Frequency):

Note any other significant medical information:

Please **CIRCLE** all Over the Counter Medications your child is allowed to have:

Ibuprofen---Acetaminophen---Benadryl---Robitussin---Anti-Acid Tabs---Sunscreen---Bug Spray---

Antibiotic Ointment---Dramamine---

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I grant my authorization and consent for MONROE FIRST CHURCH OF GOD to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgement upon the advice of any such medical or emergency personnel.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

This authorization is effective through: December 31, 2021

Signature: _____ Date: _____

Signature: _____ Date: _____

MUST BE SIGNED BY ALL PARENT/GUARDIANS OF PARTICIPANT