

Waiver of Liability, Medical Release & Code of Conduct

Event Name: Senior Retreat
Event Location: Camp Tanako 431 Highway 290 Hot Springs, AR 71913
Event Date: February 17-18, 2017

Participant Name: _____ Date of Birth: _____

Waiver of Liability

I am the legal parent or guardian of the child or youth listed above. I hereby give my permission and full consent for my child or youth to participate in the above listed event. In consideration for my child or youth's participation in the event, I hereby release, acquit and hold harmless the Arkansas Conference of the United Methodist Church and all of their staff, agents, servants, employees and volunteers from any and all liability for any damages of whatsoever kind, seen or unforeseen, which may at any time result to me, my child or youth, or my family on account of or in any way related to my child's or youth's participation in this event.

Signature of Parent/ Guardian: _____ Date: _____

Medical Information and Release

Name of Physician _____ Phone Number of Physician _____

Date of last tetanus shot _____ List any Allergies _____

List of medications _____

Relevant Medical History (diabetes, epilepsy, heart murmur, etc) _____

Child's Health Insurer: _____ Address _____

Group Number _____ Policy Number _____

I am the legal parent or guardian of the child or youth listed above. I hereby give my permission and full consent, should the necessity of medical care arise, for medical treatment or hospital services as ordered or recommended by a qualified physician or other medical care provider. Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all related medical or hospital costs.

Signature of Parent/Guardian: _____ Date: _____

Media Consent and Code of Conduct

I consent to the collection and use of my personal images by photography or video recording at this ARUMC event. I acknowledge these images may be used on the ARUMC website, newsletters, publications and social media accounts. I understand that no personal information, such as names, will be used in any publications unless express consent is given.

As a representatives of Christ and of The United Methodist Church, we, the participants of ARUMC events, take seriously our responsibility to care for one another. This code represents affirmation of our concern for the well-being of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

- 1) Anything considered illegal under civil and criminal law in Arkansas is illegal for participants of any ARUMC event. This includes drug possession and use, alcohol consumption and possession by a minor and alcohol consumption on state property, possession of firearms, weapons or fireworks, etc. Tobacco use is disallowed as well.
- 2) Dress should be appropriate for a co-ed Christian environment.
- 3) All participants are expected to participate in the event in full and be at designated places at all times.
- 4) Visitation between males and females will be in designated areas ONLY.
- 5) We will respect the person, equipment and property of others as well as the public and private properties (living areas, meeting rooms, etc) in use during the event.
- 6) Any accidental damage to the church property will be billed to the local church and will be the responsibility of the persons who caused the damage. Intentional damage is subject to additional penalties.
- 7) Cell phones, Radios, CD players, Mp3 players, etc. may be used during free time at levels that do not disturb others and cannot be heard outside the room in which it is being played. I understand that violations of this covenant and/or other inappropriate behavior could require disciplinary action for youth and adults. Decisions about appropriate disciplinary action will be made by adult group leaders. The ARUMC reserves the right to call parents or to dismiss any person who breaks this code of conduct and send them home at their own expense. I understand that neither the Arkansas United Methodist Church will be held responsible for any costs incurred due to medical treatment that is necessary nor from any damages to any property while at the event.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If Under 18 or If 18 and Still Living With Parent or Guardian)