

Medical Release & Permission Form

Media Opt Out - I do not want my child's name, image, or likeness to be included in Hebron Church printed publications, digital publications, Social Media postings, Website promotion or Livestream. **Parent Initials** _____ (Leaving this blank signifies permission given) I acknowledge that Hebron Church captures media at all church events and it is unavoidable in every circumstance to omit my child's image from large group pictures or video and while this may occur, Hebron will seek to honor the media opt out. **Parent Initials** _____
**Hebron Church's sole purpose in capturing media is to promote, encourage, and celebrate positive things that are happening.

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or bombs or combustible materials
- No offensive or immodest clothing
- No boys in girls' sleeping areas and no girls in boys' sleeping areas
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

For your information, we expect each student to conform to these rules of conduct

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Hebron Church activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ **Date:** _____

Activities may include, but are not limited to: cookouts, sports, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Family Life Director prior to event.

_____ has my permission to attend all youth activities
NAME OF STUDENT
sponsored by Hebron Church (here inafter the "Church") from **Today's date** ___/___/_____ until renewal is necessary.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital, personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. Further, I do authorize the minister or sponsor of this activity or any Church staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we agree to allow my/our student to ride to/from events in vehicles driven by licensed and insured volunteers/sponsors of the church. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ **Date:** _____