



The Refuge Youth Ministries

17 South Rainier, Kennewick, WA 99336

General Rules – Permission Slip – Medical Release Form

****Note: The document must be signed by both youth and adults. ****

Non-negotiable rules: These Rules apply to youth, adult participants and staff

- 1. I will not engage in inappropriate sexual behavior, this includes: sexual misconduct, sexually explicit communication, or harassment.
2. I will not use, bring, or be under the influence of illegal drugs, or alcohol.
3. I will not smoke cigarettes.
4. I will respect the physical property of the facility and the property of each person at the event.
5. I understand that acts of violence and aggression will not be tolerated.
6. I will not enter sleeping areas of the opposite sex during the event.
7. I will not be in the possession of or use firearms, knives (including pocketknives), fireworks, or other weapons of any kind.
8. I will remain on the premises and be present for all scheduled activities for the entire event.
9. I will try new and daring things, and participate fully in all planned events.

This agreement helps provide for the physical, emotional, and spiritual safety of the whole community, and a violation of this covenant is damaging to the community. Violations will be dealt with in an immediate and appropriate manner by the Leadership Team and/or Youth Coordinator. Possible consequences for serious or repeated offenses may include (but are not limited to) notification of one's parents/pastor, and being sent home immediately at one's own expense and without refund.

I have read and agree to follow the rules and norms during this event.

Participant's signature: _____

PARENTAL CONSENT:

I give full permission for my child to _____ in _____ and participate in all activities, for the day of _____.

I DO/DO NOT (circle one) give my permission for photographs or video footage of my child to be used by Story Point for promotional purposes. (Brochures, website photos, etc, no names are used on the website or in publicity)

I DO/DO NOT (circle one) give my permission for my child's address/phone number to be included on a participant roster of the event (for use for weekend participants only.)

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY:

I agree to hold Story Point Community Church and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ **Date** _____