

FAITH UNITED METHODIST CHURCH: SUMMER DAY CAMP 2023

MEDICAL RELEASE, LIABILITY WAIVER AND PHOTO RELEASE AND CONSENT

MEDICAL RELEASE

Parent/Guardian Permission for Care & Treatment of Minor or Dependent Adult

As parent/guardian of the child listed below, I hereby grant permission for the attendance as well as authorize Faith United Methodist Church to make any necessary decision in case of emergency. I also hereby give permission to a physician selected by Faith United Methodist Church to hospitalize, secure proper treatment for, order injection, anesthesia or surgery, for the below named, and will be responsible for any expenses incurred, including transportation back home if necessary for my child.

In no event will the Faith United Methodist Church, its staff, leaders or agents be held liable for any first aid rendered or treatment, drugs or medicines, or surgical procedures performed pursuant to this consent. In the event of an emergency, every effort will be made to contact the parent or guardian before any medical service is rendered aside from general first aid. Copies of this form may be made by Faith United Methodist Church and will be considered as original.

LIABILITY WAIVER

As parent/guardian of the child listed below, I request he/she be permitted to attend Faith United Methodist Church's annual Summer Day Camp. As the parent/legal guardian of the child, I accept general liability for my child's participation, activities, and field trips throughout Faith United Methodist Church's Summer Day Camp and agree to indemnify and hold harmless Faith United Methodist Church, its employees, board of directors, officers, agents, and volunteers from any and all claims and liability for personal injury, death, or property damage as a result of my child's participation in all of Day Camp activities and field trips. I intend this to be binding for myself, my child, my heirs and executors, administrators and assigns.

PHOTO RELEASE AND CONSENT

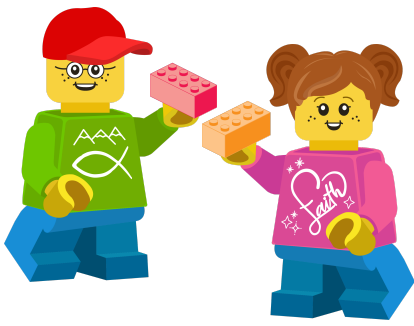
I do give consent for the taking of and using this child's/children photograph for the purpose(s) here stated and with the conditions here noted:

- I understand that the photographs taken will be used exclusively by Faith United Methodist Church;
- I understand neither I, nor the child, will receive payment for taking of or using of the photos;
- I understand that Faith United Methodist Church will not sell any of the materials in which these photos are used;
- The photos taken will be used for newsletters, registration materials, flyers, slideshow presentations or other publications i.e. social media (Facebook, Instagram, and Twitter) for exclusive use by Faith United Methodist Church;
- If requested, Faith United Methodist Church will provide me with a copy of the publications so that I may see how the photos are used.

By my signature below, I acknowledge that I have carefully read this MEDICAL RELEASE, LIABILITY WAIVER AND PHOTO RELEASE AND CONSENT as mentioned above.

Child's Name _____ MAY [] MAY NOT [] be used with photograph
MAY [] MAY NOT [] be used with social media

Parent/Guardian Signature _____ Date _____



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PRINT Parent/Guardian Name _____

CODE OF CONDUCT

Along with your child, please read and sign at the bottom and return with your registration materials.

It is the responsibility of Faith United Methodist Church, the Day Camp directors, and the teachers' responsibility to provide the youth of our community a safe and positive program of service, training, spiritual development and enrichment under good sound leadership in a Christian-based atmosphere of warmth, caring and understanding.

1. I will ask my child to treat other children, youth counselors, teachers, volunteers, directors, and parents with respect regardless of race, sex, creed or ability.
2. I understand that under no circumstances will it be appropriate for anyone to use profane and abusive language.
3. I understand that all forms of abuse are taken seriously at Faith United Methodist Church. Should a parent, youth counselor, teacher, director, volunteer or Faith United Methodist Church Pastor have suspicion of abuse, action will be taken based upon the Safe-Sanctuary guidelines adopted by Faith United Methodist Church.
4. I understand that I will be notified of any inappropriate behavior deemed by the Day Camp teacher, director, or Faith United Methodist Church Pastor.
5. I understand that children attend Day Camp in order to have fun, make new friends and learn about God. I will encourage my child to have fun in its proper perspective. I understand that children do their best when they are emotionally healthy, so I will be positive and supportive.
6. I understand that if I have a complaint of any sort, I will go through the proper channels - Day Camp teachers and directors, who will make a formal inquiry on my behalf.
7. I agree that if I fail to abide by the aforementioned rules and guidelines, I and/or my child will be subjected to disciplinary action that could include, but not limited to the following:
 - a. Parental notification
 - b. Removal of the child from the Day Camp ministry for one day of programming with no monetary refund.
 - c. Removal of the child from the Day Camp ministry for the remainder of the program with no monetary refund.

Camper's Signature

Date

PRINT Camper's Name

Parent/Guardian Signature

Date

PRINT Parent/Guardian Name