

Student Affirmation

We expect each student to conform to these rules of conduct:

- I will not be in possession or use alcohol, drugs, or tobacco
- I will not drive a vehicle unless I am a designated chaperone/driver
- I will not fight, or transport/use weapons, fireworks, lighters, or explosives
- I will not wear offensive or immodest clothing
- I understand that there will be no boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- I understand that full participation with group activities is expected
- I will respect property
- I will respect one another, staff, and adult leaders
- I will respect and comply with event schedules

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 youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ **Date:** _____

Parent/Guardian Affirmation

_____ has my permission to attend the Senior High School Retreat
NAME OF STUDENT sponsored by the Federated Church (hereinafter the "Church").

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 trip, 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.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

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 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:** _____

*Please submit copies of your insurance cards (front and back) and registration fee with this permission form. Thank you!

The Federated Church, 224 N. Union Avenue, Fergus Falls, MN 56537
(218) 739-3227