

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

Christ-like attitude at all times

No possession or use of alcohol, drugs, or tobacco

No students can drive without pre-approved permission

No students can ride with any person other than the chaperones without pre-approved permission

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules and rules

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: _____

_____ has my permission to participate in Karns youth group activities.

NAME OF STUDENT (Parent's Signature)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Karns Church of Christ 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 Karns Church of Christ. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its ministers, adults, 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 or if I/We do not carry any health insurance. Further, I/We affirm that the health insurance information provided above, if applicable, 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 youth ministries staff members.

Parent/guardian signature: _____

Date: _____

Please submit in writing any changes that occur in your health insurance policy.

Karns Church of Christ

Office: 865.691.7411