

Photograph & Video Consent and Release

The Northern Ohio District Church of the Brethren (NOHCOB) Youth Ministry recognizes the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization. NOHCOB Youth Ministry will not permit photographs, video, or other images of young people to be taken without the consent of the parents, guardians, and children. As your child will be participating in a NOHCOB youth event, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used in the following ways:

(1) as a record of the activity or the event (2) publicity material for further activities or events on websites, presentations, publications

The NOHCOB will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform the District Youth Coordinator (Esther Harsh, esther@nohcob.org) immediately.

I consent to NOHCOB Youth Ministry photographing or videoing. I agree that NOHCOB may use, edit, or reproduce these materials for any purposes related to the NOHCOB.

	Signature:
Print name of child	
	Signature:
Print full name of parent/guardi	an if child is under the age of 18
Date:	*This document remains active for future activities/events for one calendar year unless revoked in writing by participant or parents/guardians of youth.*

Youth Covenant

In order to encourage consistent and responsible participation at district youth functions, ALL participants are asked to enter into a covenant relationship. This Covenant is an agreement of shared responsibility and agreement between each of us as sisters and brothers in Christ. As a participant in this function, I commit:

*To participate in all sessions & workshops	*To not bring or use non-prescription drugs
*To abide by all curfews	*To not bring or use alcohol, tobacco, or illegal drugs
*To remain in designated areas	*To not leave grounds/campus
*To follow PDA guidelines+	*To not bring or use weapons, pocket knives, firearms, or fireworks *To not use my cell phone (including texting)

DRESS CODE: We, as youth and adults, represent the Northern Ohio District Church of the Brethren. We ask that you follow the guidelines for clothing while participating in ALL District Youth Functions. The guidelines are as follows:

* Modest clothing at all times. * T-shirts must not advertise anything inappropriate. * Mid-drifts and chests must be covered. * <u>Shorts and skirts</u> must be fingertip length (hold arms straight down – end must be at tips). * Swimwear - all swimwear must be one-piece suits or "tankini" style (for girls) and boxer style (for boys). * No tank tops unless they are three adult fingers wide. * Leggings are not to be worn as pants but may accompany a dress, skirt, or long shirt. *

We will uphold this dress code at all functions. We will help find clothing items if there is a need. Thank you for your cooperation in helping us to represent Christ in the manner that we dress. Any participant may be sent home at his or her own expense for breaking this covenant or refusing to sign.

+PDA GUIDELINES: No lap sitting. No "alone" couples. No pew cuddling. No shoulder massaging from opposite gender. No hugging extensively (only for hello/good-bye). No kissing.

All YOUTH and ADULTS must sign this covenant.

Print name:

Signature:

Date:

Participant Name: Birthdate: Mother or Guardian: Phone Number: Father or Guardian: Phone Number: Father or Guardian: Phone Number: Additional Emergency Contact: Phone Number: (In the event parents/guardians are unavailable.) Phone Number: Address:	Church of the Brethren Please print all in	d Off Site Release
Father or Guardian: Phone Number: Additional Emergency Contact: Phone Number: (In the event parents/guardians are unavailable.) Phone Number: Address: Phone Number: Youth Advisor(s) attending this event: Participant Email: Church: Participant Email: List the participant's allergies, health conditions or dietary needs. List the participant's prescription medications, dose, and frequency. Indicate if life threatening. Attach additional information if necessary. 1. 2. 2. 3. 3. J give permission to the advisors and District staff to administer the following over-the-counter medications to my child:	Participant Name:	Birthdate:
Additional Emergency Contact: Phone Number: (In the event parents/guardians are unavailable.) Address:	Mother or Guardian:	Phone Number:
(In the event parents/guardians are unavailable.) Address: Youth Advisor(s) attending this event: Church: Participant Email: Church: Participant's allergies, health conditions or dietary needs. List the participant's prescription medications, dose, and frequency. Indicate if life threatening. Attach additional information if necessary. 1. 2. 3. 3. 1 give permission to the advisors and District staff to administer the following over-the-counter medications to my child: 1 give permission to the advisors and District staff to administer the following over-the-counter medications to my child:	Father or Guardian:	Phone Number:
Youth Advisor(s) attending this event:		Phone Number:
Church: Participant Email: Participant Email: Evaluation of the participant's allergies, health conditions or dietary needs. List the participant's prescription medications, dose, and frequency. I 1 1 2 2 2 2 3	Address:	
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□ Ibuprofen □ Tylenol □ First aid treatment as needed	2	
For grades 6th – 8th , the above medications will be carried and administered by the advisor listed above.		
	 3 I give permission to the advisors and District staff to admin 	3ister the following over-the-counter medications to my child:
	 3. I give permission to the advisors and District staff to admin I buprofen Tylenol First aid tree 	3ister the following over-the-counter medications to my child: eatment as needed and administered by the advisor listed above.

I give permission to the medical personnel selected by the NOHCOB Youth Ministry to obtain proper medical treatment in case of an emergency, accident, or illness and for the release of medical information in this and future events that I cannot be reached.

I give permission for my child to ride in any vehicle designated by the NOHCOB, its ministers, members, employees, agents, and volunteers while participating in and traveling to and from this and future events related to NOHCOB. I agree to accept full responsibility, financially and otherwise, for any injury to or damage my child may cause to the properties visited on the activities/events, other person's property, or vehicles used for transportation.

I recognize that the NOHCOB Youth Ministry has taken precautions to provide proper supervision, instruction, training and equipment for each activity. I have instructed my child in the importance of knowing and abiding by activity rules and regulations for the safety of all participants. NOHCOB Youth Ministry reserves the right to discipline and/or send home any child for any reason in its sole discretion, including rule violations, or health and safety concerns. I understand that it is my responsibility to provide transportation of my child from the travel location if removal of the child from the program is due to disciplinary reasons.

I certify that I have read this document and fully understand its content. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

	Signature:
Print name of child	
	Signature:
Print full name of parent/guardiar	i if child is under the age of 18
Date:	*This document remains active for future activities/events for one calendar year unless revoked in writing by participant or parents/guardians of youth.*