

Signature:

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.

	Signature:
Print name of child	
Print full name of parent/guardian if child is un	Signature:
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
	- Cath Covernant
	and responsible participation at district youth functions, ALL participants are asked aip. As a participant in the Northern Ohio District Youth Program, I agree to:
 Fully participate in all activities spirit of Christian community 	es including worship services, breakout groups, sessions and other all-group events in the
 Not bring or use any alcohol, tobacco products, illegal drugs, or weapons while at the event. 	
 Not participate in any behavior Abide by curfew and stay in the 	or that endangers myself or other event participants.
 Not be in the sleeping area or 	· · · · · · · · · · · · · · · · · · ·
 Not leave the event except w 	with the accompaniment of adult advisors.
Be respectful and appropriate	e in attire, behavior, and language.
Thank you for your cooperation in he at his or her own expense for breaking	elping us to represent Christ in the manner that we dress. Any participant may be sent homeing this covenant or refusing to sign.
All YOUTH and ADULTS must sign t	his covenant.
All 100111 and ADOL10 mast sign t	



Date:

Medical Form and Off Site Release



Please print all information.

Participant Name:	Birthdate:
Mother or Guardian:	Phone Number:
Father or Guardian:	Phone Number:
Additional Emergency Contact:	Phone Number:
Address:	
Youth Advisor(s) attending this event:	
Church:	Participant Email:
List the participant's allergies , health conditions or dietary needs . Indicate if life threatening. Attach additional information if necessary.	List the participant's prescription medications, dose, and frequency.
1	1
2	2
3	3
The above medications are to be carried and administered I give permission for my child in grade 9 th -12 th to carry and so I give permission to the medical personnel selected by the NOH of an emergency, accident, or illness and for the release of medicached.	elf-administer the medications listed above. ICOB Youth Ministry to obtain proper medical treatment in case
I give permission for my child to ride in any vehicle designated by and volunteers while participating in and traveling to and from the responsibility, financially and otherwise, for any injury to or dampactivities/events, other person's property, or vehicles used for traveling that the NOHCOB Youth Ministry has taken precaute equipment for each activity. I have instructed my child in the improvement for the safety of all participants. NOHCOB Youth Ministry reservates on in its sole discretion, including rule violations, or health a	his and future events related to NOHCOB. I agree to accept full age my child may cause to the properties visited on the ansportation. ions to provide proper supervision, instruction, training and cortance of knowing and abiding by activity rules and regulations res the right to discipline and/or send home any child for any and safety concerns. I understand that it is my responsibility to oval of the child from the program is due to disciplinary reasons.
contract, and I sign it of my own free will.	content. I am aware that this is a release of liability and a
Signa Print name of child	ture:
Signa Print full name of parent/guardian if child is under the age of 18	ature:

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revoked in writing by participant or parents/guardians of youth.*