

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 immediately inform the District Youth Coordinator (Taylor Peterson, taylor@nohcob.org) or District Executive Minister (Kris Hawk, krishawk@nohcob.org).

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.

Print name of child	Signature:
Print name of child	
Print full name of parent/guardian if child is u	Signature:
First rull harie of parentryuardian il Ciliu is u	nuel the age of 16
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
	and responsible participation at district youth functions, ALL participants are asked ship. As a participant in the Northern Ohio District Youth Program, I agree to:
 Fully participate in all activit spirit of Christian communit 	ties including worship services, breakout groups, sessions and other all-group events in the
	l, tobacco products, illegal drugs, or weapons while at the event.
Not participate in any behavAbide by curfew and stay ir	vior that endangers myself or other event participants.
 Not be in the sleeping area 	
	with the accompaniment of adult advisors.
 Be respectful and appropria 	tte in attire, behavior, and language.
	elping us to represent Christ in the manner that we dress. Any participant may be sent home ing this covenant or refusing to sign.
All YOUTH and ADULTS must sign	this covenant.
Print name:	

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.
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2	2
3.	3
of an emergency, accident, or illness and for the release of me eached.	elow: d by the advisor listed above. self-administer the medications listed above. HCOB Youth Ministry to obtain proper medical treatment in case edical information in this and future events that I cannot be
or the safety of all participants. NOHCOB Youth Ministry rese eason in its sole discretion, including rule violations, or health	utions to provide proper supervision, instruction, training and neportance of knowing and abiding by activity rules and regulations rives the right to discipline and/or send home any child for any and safety concerns. I understand that it is my responsibility to noval of the child from the program is due to disciplinary reasons.
certify that I have read this document and fully understand its contract, and I sign it of my own free will.	content. I am aware that this is a release of liability and a
	nature:
Sign Print name of child Sign Print full name of parent/guardian if child is under the age of 18	

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