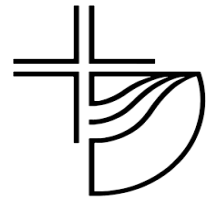




# Photograph & Video Consent and Release



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 Conference Youth Event Coordinator (Cody Etter, codyetter44@gmail.com) 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.**

\_\_\_\_\_ Signature: \_\_\_\_\_  
Print name of child

\_\_\_\_\_ Signature: \_\_\_\_\_  
Print full name of parent/guardian 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.*** As a participant in the Northern Ohio District Youth Program, I agree to:

- Fully participate in all activities including worship services, breakout groups, sessions and other all-group events in the spirit of Christian community
- Not bring or use any alcohol, tobacco products, illegal drugs, or weapons while at the event.
- Not participate in any behavior that endangers myself or other event participants.
- Abide by curfew and stay in the designated areas.
- Not be in the sleeping area of the opposite gender.
- Not leave the event except with the accompaniment of adult advisors.
- Be respectful and appropriate in attire, behavior, and language.

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.

All *YOUTH* and *ADULTS* must sign this covenant.

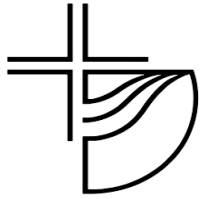
Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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: \_\_\_\_\_

(In the event parents/guardians are unavailable.)

Address: \_\_\_\_\_

Youth Advisor(s) attending this event: \_\_\_\_\_

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. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

I give permission to the advisors and District staff to administer the following over-the-counter medications to my child:  
 Ibuprofen     Tylenol     First aid treatment as needed

For grades 6 – 8, the above medications will be carried and administered by the advisor listed above.

**For grades 9 – 12, please mark the appropriate option below:**

The above medications are to be carried and administered by the advisor listed above.

I give permission for my child in grade 9<sup>th</sup>-12<sup>th</sup> to carry and self-administer the medications 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/guardian 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.\*