

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

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (modest clothing conceals skin and shape...
immodest clothes reveal skin and shape)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- For certain events, there will be more specific rules of conduct that will be given

Students who fail to comply with these expectations may be sent home at their parents' expense.

I do ___/do not___ (check one) authorize and permit my child to be included in photographs and videos that may be used for display by Marsh Corner Church in informational and promotional publications, including the Marsh Corner website. I understand that no reference to the name of the children will be made alongside such images without my consent and that I will not receive compensation for the use of these images.

Activities may include, but are not limited to: water skiing, snow skiing, swimming, basketball, roller-skating, rollerblading, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill snow tubing, concerts, Bible studies, miniature golf, hayrides, bowling, Christmas caroling, laser tag, capture the flag, amusement parks. ***Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.***

_____ has my permission to attend all youth activities
NAME OF STUDENT
sponsored by Marsh Corner Community Church (hereafter, "the Church") from September 1, 2021 to August 31, 2022.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church 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 Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, 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. Further, I/we affirm that the health insurance information provided above 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 student ministries staff member.

Parent/guardian signature: _____ Date: _____

COVID Waiver

While faithful effort will be made to adhere to state-issued guidelines for health and safety, currently including the wearing of face masks, physical distancing, hand washing, and frequent disinfecting of surfaces, I understand that MCCC cannot 100% guarantee the safety of my child(ren) or protect my child/student and/or me from risks which may be encountered as a result of my child(ren) attending MCCC Children's Ministries.

I agree to keep my child(ren) home if my child exhibits any symptoms of coronavirus (COVID-19). This includes, but is not limited to:

- Fever (100.0 degrees or above)
- Nasal congestion or runny nose
- Cough
- Sore throat
- Shortness of breath
- Fatigue
- Headache
- Muscle aches
- Nausea or vomiting
- Diarrhea
- Poor appetite
- Loss of sense of smell

In consideration of myself and my child(ren)/student(s) participating in MCCC's children's ministries, I, and any legal representatives, heirs and assigns, hereby release, waive, and discharge MCCC, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom including any claim or damages resulting from ordinary negligence, on account of any injury, illness or exposure to and/or contracting the Coronavirus Disease 2019 (COVID- 19) or other biological agents, virus or similar bacteriological agent by me or my child/student's attendance at and participation in MCCC's educational program, including any medical expenses, injury and/or death.

Name(s) of Student(s): _____

** _____ (Initials) I fully understand, on behalf of my child(ren)/student(s) the risks associated with the aforementioned participation and assume any risk associated therewith.

Signature of parent or legal guardian _____ Date _____