



# Inside Out Student Ministries Leader Medical Release and Permission Form



**For your information, we expect you to follow these specific guidelines of conduct while leading our youth...**

- No possession of or use of alcohol, drugs, or tobacco.
- Physical and verbal fighting will not be accepted or tolerated.
- No possession of or use of weapons, fireworks, or explosives of any kind.
- Dress appropriately; offensive t-shirts or immodest clothing is unacceptable.
- In the case of overnights, guys and girls will sleep in separate and segregated rooms.
- We ask that everyone respect our church facility and the property contained within our building.
- Respect and Love each other, our students, and our committed team of adult volunteers.
- Respect and comply with event schedules.

I have read the rules of conduct and the above evaluation of my health. I agree to abide by the stated personal limitations and code of conduct.

Leader signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

I, the undersigned, 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 involvement. In the event that I am injured and require the attention of a doctor, I 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 agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force.

Leader signature: \_\_\_\_\_ Date: \_\_\_\_\_