2025-2026 Kent Island Methodist Church/Roots Student Ministry
Annual Permission/Consent/Liability Release and Participant/Student Conduct Form

Student's Full/Legal Name: _____ Age: ___ Birth Date: _____

Address: _____

Home#: _____ Student Cell (if applicable): _____ OK to Text? Yes __ No __

Student Email: _____ School: _____Grade: ____

Parent/Adult/Guardian Name/Email/Phone

Name: _____ Name: _____

Email: _____ Email: _____

Phone(s): _____ Phone(s): _____

To Whom It May Concern:

I, the undersigned, hereby give permission to: _____ to attend and participate in Roots Student Ministry events in 2025-2026 (from August 1st, 2025 to September 1st, 2026).

LIABILITY RELEASE

In consideration of Kent Island Methodist Church (herein referred to as KIMC) allowing the Participant to participate in KIMC Roots Student Ministry events, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless KIMC, its employees, and its volunteers from any and all liability, claims or demands for accidental personal injury, sickness or death (including COVID-19), as well as property damage expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the KIMC event. We (I), the parent(s) or legal guardian(s) of this Participant, hereby grant our (my) permission for the Participant to participate fully in KIMC events, including trips away from the church property.

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to KIMC to furnish any necessary transportation (within the limitation of church insurance and the law), food, and lodging for the Participant. The undersigned agree(s) to hold harmless and indemnify KIMC for any liability sustained by KIMC as a result of negligent, willful or intentional acts of Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION

We (I) authorize an adult, in whose care the minor Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor Participant pursuant to this authorization.

EARLY RETURN HOME POLICY

Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION

The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Church. My child and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTOGRAPH / VIDEO PERMISSION

All photos, videos, and audio tapes of my child captured by KIMC Roots Student Ministries is also released to KIMC Roots Student Ministries for promotional purposes such as brochures, videos, web pages, etc.

STUDENT CODE OF CONDUCT

My child and I understand that the KIMC Student Code of Conduct is always applicable to the Participant while involved with KIMC Roots Student Ministries and the sponsored activities and events. My child and I agree to:

- Recognize that everyone in the group is a part of the body of Christ. I will help everyone feel welcome and important.
- Respect the physical and emotional well-being of others by "doing unto them as I would have them do unto me." This includes refraining from harsh play or violence, from harmful jokes, respecting the need for sleep, etc.
- Respect the health of my own body by refraining from the use of tobacco, alcohol, illegal drugs and weapons. I understand that the use of these substances/items is absolutely prohibited. They will be confiscated, and parents and/or authorities contacted immediately.
- Respect the things I use and the property of the places I visit. The areas used for all events, including transportation, shall be left clean.
- Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection.
- Follow all instructions given by leaders/chaperones without protest. An instruction may be politely and discreetly questioned.
- Stay within the group or assigned sub-group. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- Hold safety in the highest regard, and refrain from compromising my own safety or another's safety.
- Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information outside of the group.
- Take the initiative to inform my guests of their responsibility to follow these guidelines when they visit or participate in an event.

GUIDELINES FOR CONSEQUENCES

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, the parent/guardian will be contacted and informed of the problem. Should the situation be urgent, the parent/guardian will be contacted immediately and will be responsible for picking up the minor Participant from an event or providing his/her transportation home.

MEDICAL INFORMATION

Covered by medical insurance: YES: ____ NO: ____

Name of policy holder: _____Relationship to participant: _____

Insurance Company: _____ Policy/Group ID #: _____

Allergies or Medical Conditions/Dietary Needs: _____

Prescriptions or Medicines: _____
*All Students are responsible for their own medications. KIMC Roots Student Ministry will not be liable or responsible for the administering of any medication.

By signing below, I give permission to administer non-prescription medications (according to package directions) to the person listed above (i.e., Tylenol, Ibuprofen, Sudafed, Benadryl, throat lozenges, cough syrup, antacids, antidiarrheal, etc.) YES: ____ NO: _____

If yes, list any over-the-counter medications the person above should not have: _____

Doctor's name: _____ Doctor's phone number: _____

Please describe any medical problems or conditions including mental & emotional: _____

_____

List any restrictions on sports or physical activities:_____

EMERGENCY CONTACT INFORMATION

Name(s) (if Parent/Guardian cannot be reached) _____

Relationship to Participant: _____ Phone Number(s): _____

Other Contact: _____

PARTICIPANT/STUDENT AND PARENT/GUARDIAN SIGNATURES

My signature on this Annual Permission/Consent/Liability Release and Student Conduct Form is an acknowledgement that I have read and understand these guidelines. I recognize that this is a permission slip, medical release, liability release, and code of conduct for August 1st, 2025- August 31st, 2026. I commit to abide by the provisions of this Release Form and submit to KIMC Roots Student Ministries.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____