



2023 BigStuf Ministries Participant Release Form

Name of Participant (please print): _____

Graduation Year (if student): _____

Church/Group Name:

Dates Attending:

Youth Pastor/Group Leader:

Liability Release Agreement

I/we understand that there are inherent risks involved in any camp or conference activity, and I/we hereby release BigStuf Ministries, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the BigStuf organization. I/we understand that during the week participants may be photographed or recorded and I authorize and agree to BigStuf Ministries' unrestricted use, reuse and distribution of images and recording including but without limitation for purposes of promoting and publicizing the camps and conference. I/we understand that use of such materials will be without compensation or our/my approval rights any time thereafter.

Transport Home Agreement for Students

I/we, the undersigned, as the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a camp or conference operated by BigStuf Camps, or are of legal consenting age myself. I/we understand that a member of the BigStuf Camps staff or a group leader of our group may need to send a student home as a result of illness, discipline issue or policy violation. I/we understand if the participant named above is dismissed from the camp or conference, I/he/she will be transported home at my/our expense. BigStuf Camps or a group leader of our group will attempt to contact the parent or guardian to arrange such transportation.

Medical Release

Agreement

I/we the undersigned, as the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a camp or conference operated by BigStuf Camps, or are of legal consenting age myself. In the event that I/he/she is injured while attending the camp or conference and requires the attention of medical personnel, I/we consent to any reasonable medical treatment as deemed necessary by a qualified medical professional. In the event treatment is called for, which a medical professional and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize an adult leader of our group or a member of the BigStuf Ministries staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to release and hold them harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a medical professional. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier.

Emergency Contact Information (please provide two)

Name: _____ Name: _____

Relationship to Participant: _____ Relationship to Participant: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

2023 BigStuf Ministries Participant Release Form

I understand and acknowledge that participation at a BigStuf Camp or Conference is contingent upon compliance with all the policies stated on the previous page: Liability Release and Transport Home and Medical Release

Student Print full name: _____

Parent/Guardian (1) Print full name: _____

Signature: _____ Date: _____

Parent/Guardian (2) Print full name: _____

Signature: _____ Date: _____

----- OR -----

Attending Adult Leader Print full name: _____

Signature: _____ Date: _____

Parental Authorization, Consent and Release Form

I _____ am the Parent or legal guardian of _____. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. I certify and affirm that I have been completely and thoroughly informed that as a youth attending First United Methodist Church, Oviedo my child will participate in certain activities, which carry with them a degree of risk and danger. (Examples of risky and dangerous activities include, but are not limited to: 1) physical activities both indoors and outdoors; 2) sports, both informal and organized; 3) use of recreational equipment; 4) field trips both on and off campus; 5) travel by automobile; 6) camping; 7) hiking; 8) activities around water including swimming and boating. I acknowledge and understand that First United Methodist Church, Oviedo may offer other activities not listed above that present similar risks or dangers to my child.

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT and RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

I do hereby release, forever discharged and agree to hold harmless the First United Methodist church of Oviedo, its staff, youth leaders, chaperones, and volunteers thereof from any and all liability, claims, or demands of personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by y signature that this form is both a binding medical and liability release.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine or any health care professional duly licensed to provide health care services for medical care and services deemed necessary by First United Methodist Church, Oviedo its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against First United Methodist Church, Oviedo on the basis of any claim from which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have fully informed myself of the contents of this PARENTAL AUTHORIZATION, CONSENT and RELEASE by reading it before I signed it

Signature of Applicant/parent

Date

Typed Name

RULES FOR YOUTH GROUP ACTIVITIES & TRIPS

1. Each person should have a helpful and respectful attitude both towards each other and adults alone with anyone they may come in contact with on this trip. I will also obey and respect all adults who are giving their time to chaperone my trip.
2. I will listen attentively to all information so I can know and follow all directions.
3. Absolutely no P.D.A. (Public Displays of Affection) in any form. No physical contact with a person of the opposite sex that is deemed inappropriate or disrespectful. Also in no way will it be appropriate or admissible for two people of the opposite sex to be alone at anytime together for any reason.
4. I agree to check-in with the adult chaperones in the designated place at the appointed time.
5. I will respect any and all property I may come in contact with during my travels. This means taking great care not to damage, whether by accident or on purpose, any equipment or facilities that I may be allowed to use during my travels. It also includes those items brought by other children for the trip and the vehicles used for travel.
6. I will not roughhouse or use foul language at any time. The consequences of these actions will be to terminate any further participation in the activity.
7. I understand that when with the Youth Group, I am a representative of First United Methodist Church of Oviedo that my behavior is a reflection on the school and church, my parents and the adults I am with and will conduct myself in a manner that will leave a polite, proper and good impression with everyone I come in contact with.
8. I realize that an adult may not be present with me every minute of our activity. I agree to "buddy-up" with at least one-two other students at all times. I will not go anywhere without my buddy, no matter how short a trip it may be and will agree to go with my buddy when necessary, realizing that I may need them to go with me at a later time. I realize the consequence of being without my buddy will be to remain with the adults for the remainder of the activity.
9. I agree to abide by any and all safety and usage rules of the facility we are visiting.
10. I understand that my conduct will directly influence my ability to participate in future youth group activities.
11. Should any student's behavior become inappropriate, their participation in the activity will be terminated and they will remain with the chaperones, and if necessary, a parent will be contacted and asked to come and get their child or pay necessary amounts to send child home at parents expense.
12. Cell phones or any other electronic devise are only to be used during designated free times. When a person is speaking or while attending an event cell phones and other electronic devises are to remain unseen/unused. If out during an inappropriate time a verbal warning will be issued but after that initial warning the electronic devise will be confiscated and will be returned at the conclusion of the event or activity.

I have read, reviewed and understand all the above rules regarding my participation in the youth group activity. I agree to conduct myself in a manner that is appropriate to the privilege I am being offered and understand the consequences of not doing so.

(Student)

(Parent)

**First Methodist Church of Oviedo
Medical Release Agreement**

I/we the undersigned, as the parents having legal custody, or the legal guardians of the below named participant, a minor, have given our consent for him/her to attend an event and/or trip with First Methodist Church of Oviedo. In the event that he/she is injured while attending the program and requires the attention of medical personnel, I/we consent to any reasonable medical treatment as deemed necessary by a qualified medical professional. In the event treatment is called for, which a medical professional and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize an adult leader of our group or a church staff member to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to release and hold them harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a medical professional. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force at the time of the camp or conference.

Emergency Contact Information (please provide two)

Name: _____	Name: _____
Relationship to Participant: _____	Relationship to Participant: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Medical Information*

Participant Name: _____

Gender: Female Male

Date of Birth: ____/____/____

Phone: _____

Home Address:

Date of Last Tetanus Shot: _____

Known Allergies:

Current Medications or Health Conditions:

**To be used only to determine course of treatment in the event of a medical situation.*

Insurance Information*

Name of Health Insurance Company:

Health Insurance Group Number: _____

Health Insurance Policy Number: _____

Address of Health Insurance Company:

Phone of Health Insurance Company:

Name of Policy Holder:

Policy Holder's Phone Number:

Check the following box if the participant does not have insurance*:

****Participants without health insurance are still able to attend, understanding the risks and personal liability to any and all medical payments.***