

Student Covenant and Permission – Release Form

Student Name: _____ Age: ____ Birthday: ____/____/____

Part One: Youth Covenant

I, the above-named Student and the below-named parent/guardian, agree that such Student will follow the community covenants which will be negotiated by the entire group as announced by the leadership. We also agree that such Student shall abide by the following non-negotiable community norms:

- 1) Will not bring or use non-prescription drugs or alcohol.
- 2) Will not leave the specified community boundaries.
- 3) Will respect the judgment of adult supervision in all situations.

We understand that one of the consequences of not abiding by the above agreement is that such Student may be sent home immediately at the expense of the Student's Parents and/or Guardians.

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Part Two: Permission-Release Form

As Parent or Guardian of the above-named Student, I attest that such Student is in good health and that I know of no physical, mental, or emotional reason that would prohibit him or her from attending student group activities, including travel within and without the United States, from **September 1, 2021 – September 1, 2022**. I understand that every reasonable measure and precaution will be taken to endure the good health and safety of each participant and therefore I waive any liability of the New Covenant Church, Inc., and Anglican Mission International, Inc., both not-for-profit corporations, and their staff, vestry and board, volunteers, and agents representing them, for personal injury or death, or damage to or the theft of personal property, while traveling to or from and attending and participating in the activities of the student ministry/youth group.

I give permission to have said Student medically treated by a licensed physician, physician's assistant, nurse, or clinic or hospital staff during the time period described. I understand that I will be contacted as soon as practicable in such event.

Release to use Image and Likeness: On occasion, New Covenant or its representatives takes photographs or makes an audio or video recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as New Covenant sees fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. In addition, such photographs and audio/visual recordings may be used in publications, internet communications or informative materials to let others know about our activities. These images may also be used to produce ministry resources for staff training, ministry or other uses to promote the ministry.

***OVER ***

Medical Insurance: _____ Policy #: _____

Medications being taken: _____

Food Allergies: _____ Drug Allergies: _____

Physical handicaps or limitations: _____

Name of natural or adoptive Parent or Legal Guardian: _____

Emergency Numbers:

Home: _____ Work: _____ Cell: _____

Additional Emergency names and numbers:

Name: _____ Relationship to youth: _____

Home: _____ Work: _____ Cell: _____

I hereby agree to the foregoing Permission-Release Form on my behalf and on behalf of such student.


Parent/Guardian Signature: _____

STATE OF FLORIDA)

COUNTY OF SEMINOLE)

The foregoing Permission-Release Form was acknowledged before me today, on _____, A.D. 2021, by the above-signed Parent or Guardian of the above-named Student, or such Parent or Guardian is (Check A or B):

- A. _____ personally known to me, or
- B. _____ produced the following as identification (check 1, 2, or 3):
 1. _____ Florida driver's licenses.
 2. _____ U.S. Passport.
 3. _____ Other (describe) _____

Notary, State of Florida (affix notary seal)  Notary's Signature