



**For your information, we expect each paid or volunteer staff or adult to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students under age 21 can drive any other passengers. All drivers must have a **Drivers Form** on file.
- No fighting, weapons, fireworks, lighters, matches, or explosives
- No offensive or immodest clothing, demonstrated modesty and that you belong to Christ, not drawing attention to yourself or body. No short skirts, tank tops, or tops that show cleavage when you bend over.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters at any time.
- Participation with the group is expected, no "coupling off" or "doing your own thing".
- Respect all property
- Respect one another, staff, and adult leaders
- Be an example in both speech and actions. Absolutely no reckless driving, sexual innuendos, flirting with students, using the God's name in vein, swearing, or using offensive language of any kind.
- No Chinese fire drills
- Please have a positive, energetic attitude, displaying the love and joy of Christ.

I have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

**Adult** signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, etc. sponsored by HOPE CHRISTIAN FELLOWSHIP CHURCH (here in after the NAME OF ORGANIZATION"Church") as published on a youth ministry calendar.

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 understand that there are inherent risks involved in any ministry or athletic event, and I 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 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 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 for the student named above.

**Adult** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADULT EXPRESS WAIVER OF LIABILITY,  
RELEASE AND INDEMNITY AGREEMENT  
(California Form)**

**IN CONSIDERATION** for being allowed to participate in any event (herein "Activity") sponsored, planned, and organized with HOPE Christian Fellowship (herein "Entity") the Undersigned does hereby agree to this express waiver of liability against Entity, and makes the release and indemnity agreement with Entity set forth below.

The Undersigned, for themselves, and their personal representatives, assigns, heirs, and next of kin and each and every one of them:

1. Is fully aware of the risks and hazards inherent in engaging or participating in Activity, including, but not limited to, the possibility of injury, paralysis or death, and voluntarily assumes all risks of loss, damage, injury or death that may be sustained in engaging or participating in Activity.

2. Hereby voluntarily releases, discharges, waives and relinquishes any and all claims, actions, or causes of action for personal injury, property damage, or death each may have against Entity, its directors, officers, members, affiliated entities, subsidiaries, agents, attorneys, employees, representatives, successors, heirs, licensees, assigns and all persons acting in concert and participating with it (hereinafter collectively referred to as "Released Party") occurring or arising as a result of the Undersigned's participation in Activity, and any instruction or supervision related to said activity, save and except only those claims due to Entity's fraud or willful injury to persons or property, or violation of law, whether willful or negligent.

3. Hereby covenants that this Agreement shall apply to all unknown and unanticipated claims, injuries, causes of action and damages, as well as any known claims, and waives the provisions of Section 1542 of the California Civil Code, and the similar provisions in any other state of the United States or the common law, which provide: "A general release does not extend to claims that the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

4. Hereby agrees to indemnify, defend, save and hold harmless the Released Party from any loss, liability, damage, cost, or attorney's fees it may incur due to any action of the Undersigned occurring from their participation in the Activity.

5. Hereby agrees that if any part of this Agreement, for any reason, is held by a Court or arbitration Panel of competent jurisdiction to be invalid, void or unenforceable, such decision shall not affect the validity of any remaining portion, which remaining portion shall remain in full force and effect as if this Agreement had been executed with the invalid portion thereof eliminated.

The Undersigned hereby warrants that the foregoing statements are true and correct and that the Undersigned understands that the Entity has relied upon such warranties in entering into this Agreement.

No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement, apart from the matters set forth within this Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN EXPRESS WAIVER OF LIABILITY AND A RELEASE AND INDEMNITY AGREEMENT BETWEEN MYSELF AND ENTITY, AND SIGN IT OF MY OWN FREE WILL.**

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Print Name of Adult Participant

\_\_\_\_\_  
Signature of Adult Participant

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Primary Physician \_\_\_\_\_ Office phone (\_\_\_\_) \_\_\_\_\_

**Copy of Insurance Card:  
(Separate Sheet is fine)**