

## **HFN Student Ministry 2015-2016 Liability Release Form**

In consideration for being accepted by Hutchinson First Church of the Nazarene for participation in Student Ministries Activities which are planned and attended by a pastoral staff member and/or the NYI president and/or youth staff member during the time period beginning June 1, 2015 through June 30, 2016, we (I) being 21 years of age and older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Hutchinson First Church of the Nazarene, Church Board, and Employees thereof from any and all liability, claims or demands for personal injury, sickness or death, as signed and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its church board, employees and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**If the participant has not attained the age of 21 years:**

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Student's Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Primary Cell #: \_\_\_\_\_ Secondary Cell #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

# HFN's Student Ministry Covenant

Because my desire is to be a part of an encouraging, positive and spiritually enriching student ministry, I understand the need to follow specific guidelines. I realize my actions and attitudes may affect the youth group as a whole. Please check each box after you have read it.

## GUIDELINES

### Personal Growth

- I will respect others feelings, abilities, and possessions.
- I will respect the property of the church or any other facility or house that I am in while participating in teen activities.
- I will follow the youth staff's directions and advice while under their supervision.
- I will display attitudes that are uplifting, cooperative and unifying.
- I realize that cursing and rude demeaning gestures are never acceptable behavior.
- I will strive to listen well during the Bible teaching time so that I will learn what God has for me and to keep from distracting others.
- I realize that proper attire is important and may be different for different situations. I will follow the instructions of the youth staff regarding this.
- I realize the importance of wearing modest swimwear. The ladies are to wear a 1-piece, a tankini (by definition this means a tank top style top and a modest bottom piece), or a shirt over a 2-piece. I realize I may be asked to put more clothing on if deemed necessary by the youth staff. Guys are to wear trunks. No Speedos will be tolerated.

### Van/Bus Rules

- I will follow the instructions of the driver.
- I will wear a seat belt.
- I will adhere to no couples sitting together after dark.
- I will not share blankets as a couple.
- I will pick up my own trash and put it in the trashcan provided.

### Consequences

If I do not abide by these guidelines that I have committed to, I realize that the consequences will take place as follows:

- I will be confronted about my actions and/or
- I will be given an appropriate type of discipline and/or
- I will be sent home (At parent's expense)

### Agreement

I will follow these guidelines and respect HFN's Student and Staff Leadership. I understand the consequences if I choose not to follow the guidelines.

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Student's Signature

Date

I/we understand the guidelines and safety procedures and the potential consequences. If my/our son or daughter chooses to not honor the guidelines, I/we understand that they will be dealt with as above-mentioned. I/we have discussed these guidelines with my/our child, and am/are confident he/she will honor these guidelines and HFN's leadership.

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Parent's Signature

Date

# AFTER THE HARVEST GLEANER FORM AND LIABILITY WAIVER

Please complete this form before you start to glean.

Gleaner's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gleaning Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell (preferred): (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Organization Name: \_\_\_\_\_

List any concerns, medical or otherwise, that the field supervisor needs to know for your safety:

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In consideration for receiving permission from After The Harvest ("ATH") to participate in gleaning, I, the undersigned participant, expressly assume all risks associated with participation in gleaning, including without limit, accident, injury, bodily harm or death, and agree to take reasonable precautions to avoid injury to myself and others. For myself and my heirs, representatives and assigns, I hereby release, waive, discharge and hold harmless ATH and its directors, officers, employees and agents from all liability and claims of whatever nature, which I or any person claiming through me may have arising from or in any way related to my voluntary participation in gleaning. Neither will I hold liable the land owner or operator for accidents, injury or death during gleaning.

If I suffer an illness or injury requiring emergency treatment or other medical services while participating in gleaning, I give my permission for any medical treatment deemed necessary and reasonable under the circumstances and agree that ATH and its agents will not be liable nor financially responsible for such medical treatment.

I grant ATH permission to take photographs and videos of me during gleaning and to display, publish or otherwise use any photographs, videos or any other media associated with gleaning activities which contains my image or likeness, for ATH's purposes, including without limit, news coverage and promotion purposes, including print, broadcast, web and mobile.

By signing below, I acknowledge that I have read and understand this form, and that the statements that I have made in it are true and that I am at least 18 years of age, or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included.

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

**Participant's Printed Name:** \_\_\_\_\_

## Notification in Case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## PARENTAL CONSENT FOR PARTICIPATION BY MINOR

I am the parent or legal guardian of the participant and give my permission for him/her to participate in gleaning with ATH. I make all of the representations and agree to the terms specified on the reverse side with respect to my child's or ward's participation in gleaning, including without limit, releasing ATH from all liability and claims on my and the participant's behalf and assuming all risks of his/her participation. I understand that I am responsible for the obligations and acts of participant as described in this document. I agree to be bound by the terms of this document.

\_\_\_\_\_  
**Print Name of Minor Participant's Parent/Guardian**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Minor Participant's Parent/Guardian**

\_\_\_\_\_  
**Minor Participant's Name**

## Photo and Information Release Kansas City Rescue Mission

**I am a:** Client \_\_\_\_ C-COR member \_\_\_\_ Volunteer \_\_\_\_ Staff member \_\_\_\_

***For minors (If you are leader of a group, please give permission for the group.):***

I, \_\_\_\_\_, (print name) give permission for \_\_\_\_\_, a minor/group name. My relationship to him/her/group is \_\_\_\_\_.

***For self:***

I \_\_\_\_\_ (print name) hereby give the Kansas City Rescue Mission the absolute right and permission to copy, publish, or use information about and photographic portraits or pictures of me. They may be printed in whole or in part, through any media, at a studio or elsewhere, for art, advertising, trade or any other lawful purpose whatsoever in conjunction with my own or a fictitious name.

I hereby release or discharge the Kansas City Rescue Mission from any liability that may occur in the use of my information or the taking of said pictures, or in the processing or using of the pictures. Please note any restrictions to the above:

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In publishing, my real name may be used: YES \_\_\_\_ NO \_\_\_\_\_. The Kansas City Rescue Mission has my permission to use my and/or the minor's/group's information and/or photograph/s in all of the following media forms (please initial those KCRM may use):

Direct Mail Appeal	<i>Connection</i> Newsletter
Brochure	Website
Television	Public Newspaper or Other Print Media
Power Point Presentation	Video
Billboard	Audio and/or visual presentation
Radio	Other _____
Personal Use (photo given directly to client, employee, volunteer)	

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Signature of individual and/or group leader and/or guardian/parent \_\_\_\_\_ Date \_\_\_\_\_

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Signature of witness \_\_\_\_\_ Date \_\_\_\_\_

Your signature gives rights and permission for KCRM use until this date: \_\_\_\_\_

# 2015 Kansas City Mission Trip Schedule & Important Information

## The Go Culture - HFN Student Ministry

### ITINERARY

#### Thursday - Aug. 6th

6:00 pm - Depart HFN  
(Snack stop in Emporia)  
9:30 pm - Arrive/Unload @ Church  
10:00 pm - Group Meeting/Prayer  
11:00 pm - Freetime  
12:00 am - Lights Out!

#### Friday - Aug. 7th

7:30 am - Breakfast  
8:00 am - Devo/Prayer Time  
8:30 am - Lunch Prep.  
9:15 am - Depart for Morning Projects  
1:00 pm - Lunch  
2:00 pm - Arrive @ Afternoon Project  
4:00 pm - Return to Church/Clean-up  
5:30 pm - Dinner (Chic-Fil-A)  
7:30 pm - Skyzone Trampoline Park  
10:30 pm - Daily Debriefing  
11:30 pm - Lights Out!

#### Saturday - Aug. 8th

7:30 am - Breakfast  
8:00 am - Devo/Prayer Time  
8:30 am - Lunch Prep.  
9:00 am - Depart for Morning Projects  
12:00 pm - Lunch  
1:00 pm - Arrive @ Afternoon Project  
3:30 pm - Return to Church/Clean-up  
5:00 pm - Church  
7:00 pm - Pool Party/Cookout  
10:30 pm - Daily Debriefing  
11:30 pm - Lights Out!

#### Sunday - Aug. 9th

7:00 am - Breakfast  
7:20 am - Devo/Prayer Time  
7:50 am - Pack-up/Clean-up/Load-up  
8:30 am - Depart for Walmart (Lunch Prep)  
10:00 am - Schlitterbahn  
12:00 pm - Lunch  
3:00 pm - Afternoon Check-in  
5:00 pm - Dinner (Culver's)  
6:00 pm - Depart for HFN  
9-10 pm - Arrive @ HFN

### PACKING LIST

- Completed Waivers
- Bible, pen/pencil, highlighter
- Bedding & pillow (air mattress optional)
- Soap & Shampoo
- Deodorant
- (Casual) Church Clothes
- Play Clothes
- Work Clothes
- CLOSED-TOED Shoes
- Sunscreen
- Bug Spray
- Snack/Spending money
- Swimming Towel
- Shower Towel
- Swimsuit (no bikinis, monokinis, or speedos)
- Servant's Heart & Good Attitude

### LODGING/SHOWERS

Westside Church of the Nazarene  
1700 West Santa Fe Street  
Olathe, KS 66061

Olathe Family YMCA  
21400 W 153rd St  
Olathe, KS 66061

### EMERGENCY CONTACTS

Pastor Josh - 479-719-2385  
Pastor Mark - 620-474-3121  
Joni Blosser - 620-899-3892

### REQUIRED FORMS

- HFN 2015-2016 Liability Waiver
- KCRM Waiver Form
- ATH Waiver Form
- Sky Zone Waiver (Online): <https://kansascitystore.skyzone.com/waiver/>

### OCCASIONS FOR EXTRA MONEY

Snacks stops to & from KC, snacks at the Water Park & Trampoline Park, after dinner ice cream.  
All other meals & activities are covered.