

# Chaperone Covenant of Commitment & Permission Release Form

Chaperone's Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PART ONE: Group Covenant**

I, the above-named adult chaperone, agree that I will follow the community covenants which will be negotiated by the entire group as announced by leadership. I also agree to 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 the Youth Director.

I understand that one of the consequences of not abiding by the above agreement is that I may be asked to depart for home immediately at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PART TWO: Permission-Release Form**

As the above-named adult, I attest that I am in good health and that I know of no physical, mental, or emotional reason that would prohibit me from attending the assigned activity as an adult chaperone, including travel within or outside the United States from **September 1<sup>st</sup> 2009 – August 31<sup>st</sup> 2010**. I understand that every reasonable measure and precaution will be taken to ensure the good health and safety of the participant and therefore I waive any liability of Philadelphia Presbyterian Church and the Presbytery of Charlotte 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 the activities of the youth group. I give my permission to be medically treated by a licensed physician, physician's assistant, nurse, or clinic or hospital staff during the time period described. I understand that my family will be contacted as soon as practical in such event.

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Food Allergies \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

### **Emergency Contact:**

Name of Spouse Or Next of Kin: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

### **Additional Emergency names and numbers:**

Name \_\_\_\_\_ Relationship to adult \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

I hereby agree to the forgoing Permission-Release on my behalf.

Signature \_\_\_\_\_