

ADULT COVENANT FOR CHURCH AS A SAFE PLACE FOR CHILDREN

STATEMENT OF PURPOSE: Because we believe that children are a gift of God as demonstrated by Jesus welcoming them; because we believe in the *Vision for Children* adopted by the 205th General Assembly; and because we are called, as God’s people to nurture, love, and care for our children, Charleston Atlantic Presbytery has adopted the following covenant to provide a safe place for our children and youth to experience the kingdom of God.

Covenant for Adults Working in Ministry with Children

(Please initial items as they are reviewed.)

- _____ -Serve as a role model for the children; remembering your actions speak louder than your words
- _____ -Provide support, encouragement, and spiritual nurture to those around you
- _____ -Be fully committed to participating in the event; being present and participating at scheduled events; and being on site and aware of your youth’s activities and whereabouts
- _____ -Attend an orientation/training session on the presbytery’s *Safe Place Covenant* as part of the overnight events
- _____ -Children should never be left unattended
- _____ -Be responsible for my own belongings and respect the property of others
- _____ -Use the facilities and grounds with care, obeying all rules of the facility
- _____ -Refrain from the possession and use of illegal substances, weapons, and pyrotechnics
- _____ - Be at least 21 years of age
- _____ -Wear appropriate clothing

Embracing the Statement of Purpose, I agree to live by the *Covenant for Working in Ministry with Children* and accept these responsibilities as I serve as an adult advisor/chaperone/mentor/leader of this Charleston Atlantic Presbytery program.

Signature: _____ Date: _____
(Parent/Chaperone/Mentor/Leader)

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ADULT MEDICAL TREATMENT CONSENT

Name of Activity: _____ Date: _____

Adult's Name: _____

Date of Birth: _____ Male or Female: _____

Address: _____

Adult's phone number: _____ Church: _____

Physician: _____

Physician's Phone: _____

Health Insurance Company: _____ Phone: _____

Address: _____

Policy/Group No: _____ ID No: _____

Do you have any type of medical, physical, or mental condition that the physicians should be aware of to provide adequate care? If so, please explain: _____

Medication: _____

Allergies: _____

Emergency Contact Information:

Name: _____

Phone: _____ Relationship to you: _____

HOLD HARMLESS AND RELEASE AGREEMENT

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

RELEASE AND WAIVER. I understand that the activity may involve participation in physical activity, sports and/or vehicular transportation, and that the possibility of harm does exist.

I further agree and do hereby release and forever discharge and hold harmless Charleston Atlantic Presbytery, its officers, directors, employees, volunteer staff, agents and its affiliated churches and organizations (collectively "Charleston Atlantic Presbytery") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from my participation in the activity.

I, understand and agree that this Release discharges Charleston Atlantic Presbytery from any liability or claim that I may have against Charleston Atlantic Presbytery with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in the activity with Charleston Atlantic Presbytery, whether caused by the negligence of Charleston Atlantic Presbytery, or its officers, directors, employees, volunteer staff, agents or its affiliated churches or organizations or otherwise.

MEDICAL TREATMENT. I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary. Further, I understand that all reasonable efforts will be made to contact the emergency contact listed above prior to treatment. In the event s/he cannot be reached in an emergency, I give permission to the attending physician to me as s/he deems medically necessary. I further understand that the doctors, dentists, and other providers attending to me will take all reasonable safety precautions during their care.

Further, I am responsible for my health care expenses and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to me. Any policy of Charleston Atlantic Presbytery will be used as the secondary coverage, if available, and that such coverage may not be available nor is it relied upon.

PHOTOGRAPHIC/VIDEO IMAGE RELEASE. I give my permission for images of me captured through video, photo and digital camera to be used solely for the purposes of Charleston Atlantic Presbytery publications and website.

Signature: _____ Date: _____

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