SUGAR HILL CHURCH PERMISSION FORM

My name is (parent/guardian) _____ , and by this instrument I do hereby release, acquit, hold harmless and forever discharge Sugar Hill Church, its agents, servants and employees and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (child) _____ while participating with my permission in **2018 Winter Retreat**, **January 26th - 27th,** including travel to and from such activities, not resulting from the intentional tortuous act or acts of any agent, servant or employee of Sugar Hill Church. It is acknowledged that the decision to engage in the above activities is entered into freely, and that Sugar Hill Church, its agents, servants and employees have not influenced the decision to engage in such activities. I also understand that Sugar Hill Church is a Christian organization and that my child may be exposed to Christian principles and Biblical activities. I also give my permission for my child to receive medical treatment in case of an emergency.

HEALTH INFO FOR ALL STUDENTS (please initial below)

_____ My student has a current and accurate Health and Medical Release Form on file with Student Ministries.

_____ I understand that if my teen brings prescription medicine to the event, I will check the medicine in at registration and provide full written instructions.

_____The Sugar Hill Student Ministries Staff may administer the following over the counter medications to my teen (initial all that apply): ____Tylenol ____Dramamine ____Pepto Bismol/other antacid ____Advil/Ibuprofen ____Benadryl ____Cold Medicine

Parent Signature: _____ **Date:** _____

SUGAR HILL STUDENTS COMMUNITY COVENANT

Because of the potential dangers regarding an event of this nature, I understand the need to be responsible on this trip and follow these specific guidelines. I realize my actions may affect the safety and the community of this event.

Guidelines

1. I understand that I need to abstain from public (or private) displays of affection if I am not married.
2. I understand that I'm not allowed to leave the SHC campus, event locations or host home without permission.
3. I understand that I'm not allowed to POSSESS or USE tobacco, alcohol or any other type of drugs.
4. I understand that I'm not allowed to POSSESS or USE any weapon or fireworks.
5. I understand that I'm not allowed to haze, harass, threaten, or intimidate another student.

Consequences for breaking guidelines

1 This action will be confronted once, and activity time will be taken away if repeated.

2-5 These actions will result in being sent home immediately.

I will follow the above guidelines and respect SHC's leadership. I understand the consequences if I choose not to follow the rules.

_____ _____

Student's Signature **Print Name**

I understand all of the guidelines and safety procedures and the potential consequences. If my son/daughter chooses to not honor guidelines 2-5, I realize that they will be sent home immediately. I have discussed these guidelines with my student, and am confident he/she will honor these guidelines and SHC's leadership.

_____ _____

Parent Signature **Print Name`**