



Center for Leadership Development

The North Texas Conference
of the United Methodist Church

Release & Covenant Agreement

We at the Center for Leadership Development (CLD) want to inform you of our safety precautions. We feel that we have hired and recruited competent and knowledgeable staff and volunteers. Your participant will be required to wear safety equipment if at waterfront events, on the ropes challenge course, or involved in any other activity requiring protective gear.

Even with safety equipment, we at the CLD want you to realize that any event and recreational activity has inherent dangers that no amount of care, caution, instruction, or expertise can eliminate.

- In the signing of this document, I hereby certify that I give permission to my son or daughter to participate in the Midwinter Camp of the North Texas Conference of the United Methodist Church.
- I understand that pictures and videos are taken at events and posted on the CLD website and social media accounts. I hereby give permission for the use of such pictures and videos of my child.
- I understand that if the CLD staff deems my child's behavior is inappropriate for the event environment, he/she may be sent home. No refund will be issued. (*Examples of inappropriate behavior include but are not limited to: drugs, violence, alcohol, bullying, weapons...*)
- I will be held financially responsible for any damages to facilities caused by my participant.
- I hereby affirm that I understand the risks of participation and recreational activities at events.
- I understand that the terms herein are contractual and not a mere recital.
- I have signed this document as my own free act and in consideration of the agreement by CLD to accept my child for participation in the 2017-2018 Midwinter.
- IT IS MY INTENTION BY EXECUTION OF THIS DOCUMENT TO COVENANT NOT TO SUE NORTH TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH (NTCUMC), AND TO RELEASE NTCUMC, THE STAFF, THE NORTH TEXAS CONFERENCE OF THE UNITED METHODIST CHURCH, AND ALL OTHERS ACTING FOR OR ON BEHALF OF THE CENTER FOR LEADERSHIP DEVELOPMENT FROM ALL LIABILITY WHATSOEVER, FOR PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF EVENTS AND OTHER ACTIVITIES SPONSORED BY CLD.

Participant Name _____ Date _____
Print

Participant Signature _____ Date _____
Signature

Parent/Guardian Name _____ Date _____
Print

Parent/Guardian Signature _____ Date _____
Signature



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Personal and Medical information

Name _____ Birth Date _____ Age _____

Address (Street, City, State) _____

Parent/Guardian's Name _____ Mobile Phone _____

Parent/Guardian's Name _____ Mobile Phone _____

Physician's Name _____ Phone _____

Date of Last Tetanus Shot _____ Allergies: (food-meds-insects, etc) _____

Medical History (diabetes-epilepsy-heart murmur, etc.) _____

Emergency Contact _____ Phone _____ Relationship _____

Insurance Information

Insurance Company _____

Insurance Company's Address _____

Agent's Name & Phone # _____

Group # _____ Policy # _____

Medical Release

I, _____, natural parent or legal guardian of _____, do by these presents, make, constitute and appoint the EVENT DIRECTOR, his/her agent as my true and lawful attorney to act for me and in my name, place and stead; and to do any, every and all acts and exercise any, every and all powers that I might or could do in giving consent to emergency medical treatment for my minor child that he shall deem proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of the EVENT DIRECTOR as my attorney-in-fact for the limited purpose of consenting to emergency medical treatment for the above-named minor child shall not terminate on my physical or mental disability subsequent to the date of execution hereof.

Signature of Participant (if 18 years or older): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____