

GREENVILLE UNITARIAN UNIVERSALIST FELLOWSHIP

1135 State Park Road
Greenville, SC 29609
864.271.4883

ACTIVITY PERMISSION SLIP AND WAIVER

As the legal or natural guardian of _____, I grant permission for my child or my ward to participate in the following Greenville Unitarian Universalist Fellowship (GUUF) activity on or off the Greenville UU campus:

Name of Event/Location/Date(s):

On the date of this activity, I can be reached at the following telephone numbers:

Name	Home	Work	Cell

Name	Home	Work	Cell

I, for myself, my heirs and personal representatives, do agree and hereby release and hold harmless the GUUF and its employees, members, and chaperones, and their successors from any and all liability, claims, and causes of actions arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in this GUUF activity. I understand that any vehicle used in this activity will be under the control of a driver who is licensed and insured in compliance with state and federal law.

X _____
Signature of Parent/Legal Guardian Date

LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend to your son/daughter before the chaperone could get in touch with you or your designated physician. Such care can be provided only if you sign the following **authorization for medical treatment.**

As the legal or natural guardian of _____, I give the chaperone in charge of my son/daughter limited power of attorney to act in my absence and see that _____, receives whatever medical treatment is necessary in case of sickness, accident, or other emergency or exigent medical situation. I further agree and understand that I will be responsible for any and all costs of medical attention and treatment.

List any medical exemptions or medical conditions (allergies, blood transfusion, etc.) for your child. List any significant health problems:

My child is presently taking the following medication prescribed by the doctor:

Dosage: _____

Physician's Name: _____ Phone Number: _____

Health and Accident Insurance Carrier: _____

Policy Number: _____ Policy Holder: _____

Insurance Carrier Telephone Number: _____

X _____
Signature of Parent/Legal Guardian Date

Code of Ethics

Both youth and parents – Please read carefully and sign The Big Four Rules.

- 1) **No use of illegal or controlled substances (alcohol, tobacco products) is allowed.** Over-the-counter medications may only be used with permission and used as directed on the package. Youth may only take a prescription drug if it is listed on the event permission form with the registration materials.

- 2) **No engaging in sexual relations.** Sexual relations are defined as inappropriate sexualized or intimate touching that is disrespectful to the community or event.

- 3) **No bringing or using weapons.** This includes firearms, knives, fireworks, or any object that is intended as a weapon.

- 4) **No violence in words or actions.**

Youth signature

Parent signature

Date

Date