**CHILD/YOUTH ACTIVITY TRANSPORTATION & PARTICIPATION AGREEMENT**

**Name of Organization:** Bethany Christian Reformed Church – Child/Youth Ministries

**Address:** 1110 S. Strong, P.O. Box 1291, Gallup, NM 87305 **Phone:** 505-722-6444

**Coverage Dates:** 2013 – 2014

**Participant Information: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parents/Guardians:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Phone Numbers of Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please give a day time and night time phone number)**

**Allergies (describe reaction and treatment):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are Child/Youth Ministry Leaders authorized to approve medical treatment: \_\_\_\_\_\_Yes \_\_\_\_\_No**

**Is participant covered by personal or family medical insurance: \_\_\_\_\_\_Yes \_\_\_\_\_\_No**

**If yes, name of insurer & phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy or group number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participation Agreement**

I acknowledge that participation in any Child/Youth Ministry activity may involve some risk to the Participant (and to Participant’s parents or guardians if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in any activity the Participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Child/Youth Ministry Leaders. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Child/Youth Ministry Leaders for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Child/Youth Ministry Leaders, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guarding) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

**Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If participant is a minor)**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(If participant is a minor)**

Revised: October 2013

**Transportation Policy**

**This policy applies to adults serving in Child/Youth Ministries who may transport non-family-related children or youth involved in those ministries.**

1. The following procedures must be in place:

a. When transporting only one child or youth in a vehicle, two adults

are required; when transporting two or more children or youth

in a vehicle, only one adult is needed.

b. A signed permission slip for transporting has been received from the parent

(guardian); that is, the Child/Youth Activity Transportation & Participation

Agreement must be completed.

1. Adults must have a valid driver’s license and proof of insurance before transporting

children or youth. Driving record checks may be required on all drivers.

1. Drivers are to follow state requirements for seat belt use, air bag safety, and

car seat use.

a. Passengers are to wear seat belts whenever a vehicle is in service. Drivers

may not transport more passengers than available number of seat belts.

b. Children under the age of 12 may not sit in front seats if there

are passenger airbags.

c. As required by law, car seats will be used for younger children.

If the need to depart from the policy arises, the pastor or a designated elder

will be consulted before children/youth are transported.

***Note: This policy does not cover adults or minors who transport family-related children or youth to/from church-sponsored events. This policy does not cover parents (guardians) who request or give permission for an adult or minor (who are neither paid nor volunteer BCRC staff) to transport non-family related children or youth to/from church sponsored events.***