

First United Methodist Activities Liability & Medical Release

We, the undersigned, are the parents/guardians having legal custody, or the legal guardianship of:

_____,
(Youth Name / Participant)

do hereby release, forever discharge and agree to hold harmless First United Methodist Church of Milan, Tennessee and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in Church sponsored activities. Furthermore we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in Church sponsored activities. Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) participant, and hereby grant our (my) permission for him (her) to participate fully in Church sponsored activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation or emergency surgery or medical treatment, and assume the responsibility of all medical bills.

Parent/Guardian Information

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Number: _____ / _____

Parent/Guardian's Signature: _____

Please list medications, allergies or any other pertinent information on the back of this document.

This document will be in effect until graduation of your student from our program. It will be destroyed at the request of the parent or when the student graduates High School.

Student Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Grade Completed:** _____ **Sex:** _____ **M** _____ **F**

Birth Date: _____ **Age:** _____

For Office Use Only

Date Received: _____ **Received By:** _____



First United Methodist Church

Behavioral Contract for the Teen Department



We are ambassadors of Christ and every student should be sensitive to the image and example that they are setting at all times. Under no circumstance are students or sponsors permitted to take illegal drugs, smoke, or use alcohol. Displaying secular advertising logos or questionable sayings or statements are prohibited. Students are expected to wear clothing that covers their body. Revealing outfits are prohibited. If a sponsor asks you to change your clothing because they find it inappropriate, you the student must do so. Disrespect, swearing, dirty jokes, put downs and the belittling of others, will not be tolerated.

Students are not to go off premises without adult sponsor supervision. Student's are expected to follow stated curfews and are to be where they are supposed to be at all times. The opposite sex is not permitted in the bathrooms, hallways, bedrooms, dorms, housing, etc. of the opposite sex without expressed permission.

For your happiness, safety and for maximum benefit of each person, all posted and assumed guidelines are expected to be followed as stated. These rules are not meant to be inclusive of all expectations of students, but to serve strictly as a guide. Additional instruction given to a student by the coordinator or a sponsor is expected to be followed and to be taken seriously. Disciplinary action will be taken for students who are unwilling to follow stated guidelines. Violation of some rules will result in immediate dismissal. Other less severe violations will result in a warning; however repeated violations or inappropriate behavior will result in dismissal. Parents shall be notified of disciplinary problems and be asked to pick up their child or to make transportation arrangements. At the discretion of the youth minister, students who prove to be a high risk to themselves and others through repeated behavior problems may be prohibited from attending future retreats in this department.

I have read and understand these guidelines.

Parent Signature _____

Student Signature _____

**Students will not be permitted to go on a retreat without
this form completed.**

Packing List

SLEEPING

sleeping bag foam pad optional

Bring Snacks & Drinks to share in the group cooler with screw on lids...

NO CANS!

Sun Glasses

Reusable water container is helpful

What to WEAR on Departure

Wear Jeans or thick pants and a long sleeve shirt. We will be crawling in the caves & shoes get wet and muddy!

This is not a fashion show retreat :)

Other Supplies

Bring a Backpack w/ the following items packed in it for a quick change on Saturday after caving.

"1" Complete change of clothes to include shoes

Deodorant

Change of clothes

Tooth Brush & Paste

Trash bags for dirty clothes

Back up flashlight w/ new batteries

Girls Hygiene

Optional Items

Gloves, Knee pads, xtra money, a tarp for the ground for a moisture barrier

**We are providing you with
A Helmet and a primary
Flashlight**

PACK FOR 1 DAY

Things not to bring

Suitcase, Alcohol, Tobacco products, Firearms, fireworks, explosives of any kind, Laser Pointers, Water Balloons, Water guns, lighters or matches. No plumber's pants (buy a belt). No clothing that is revealing, No jewelry that may be mistaken for gold or silver, **no purses ... Put it in your backpack.**

If in question ask Jeff...
Otherwise, don't bring it.

***Please EAT lunch before coming on February
17th : Departure is 12 PM**

**We will be providing dinner Friday night,
Breakfast and lunch on Saturday.
We are planning on returning on February 18th
around dinner time.**

**Chaperones
Jeff Fuller
Kyle Pearson
Brooke Pearson
Cathy Gravenmyer**



CUMBERLAND CAVERNS Adventure Trip Release Form

Please complete a Release Form
for each participating individual

ACKNOWLEDGMENT OF RISKS

I, the undersigned person request and am granted permission to enter Cumberland Caverns to participate in a Spelunking Adventure Trip. I am aware I will be crawling in relatively small passages, climbing up and down ladders, walking and crawling over loose and slippery rocks and walking through muddy passageways. Furthermore, I understand that certain risks and dangers exist in this activity which may result in serious injury. I am aware that in signing this document on my behalf, or on behalf of my minor child and/or ward, for participation in Cumberland Caverns' Adventure Trip that certain elements of the activity are physically and mentally demanding.

EXPRESS ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY

I confirm that I am physically and mentally capable of participating in the activity. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I confirm that I will stay within permitted areas, within my group and in close contact with Cumberland Caverns guide and/or staff members during my time in the cave.

RELEASE OF LIABILITY

In consideration of the service and facilities provided, I, for myself; and for my minor child, do hereby release, waive, and discharge Cumberland Caverns, their officers, employees, principals, directors, agents, and volunteers from any and all liability to the undersigned's personal representatives, assigns, heirs and next of kin, for any of any and all injury, disability, death, or loss or damage, to personal property.

SCOPE OF RELEASE AND INDEMNITY

The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by the law of the State of Tennessee. Further, I give Cumberland Caverns permission to use photo and video taken at this facility in promotional materials.

I have read this document and I understand it is a release of all claims. I understand and assume all risk inherent. I voluntarily sign my name evidencing my acceptance of the above provisions.

Group Name: _____ Activity Date: _____ (please check one) Adult Child

Name: _____ Minor Child's Name (if under 18): _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date Signed: _____

(Adults should sign for themselves. A parent or guardian should sign for minors)

1437 Cumberland Caverns Road, McMinnville, TN 37110, Phone: 931-668-4396, Fax: 931-668-5382, E-mail: info@cumberlandcaverns.com, web: www.cumberlandcaverns.com



CUMBERLAND CAVERNS Adventure Trip Release Form

Please complete a Release Form
for each participating individual

ACKNOWLEDGMENT OF RISKS

I, the undersigned person request and am granted permission to enter Cumberland Caverns to participate in a Spelunking Adventure Trip. I am aware I will be crawling in relatively small passages, climbing up and down ladders, walking and crawling over loose and slippery rocks and walking through muddy passageways. Furthermore, I understand that certain risks and dangers exist in this activity which may result in serious injury. I am aware that in signing this document on my behalf, or on behalf of my minor child and/or ward, for participation in Cumberland Caverns' Adventure Trip that certain elements of the activity are physically and mentally demanding.

EXPRESS ASSUMPTION OF RISK AND PERSONAL RESPONSIBILITY

I confirm that I am physically and mentally capable of participating in the activity. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation. I confirm that I will stay within permitted areas, within my group and in close contact with Cumberland Caverns guide and/or staff members during my time in the cave.

RELEASE OF LIABILITY

In consideration of the service and facilities provided, I, for myself; and for my minor child, do hereby release, waive, and discharge Cumberland Caverns, their officers, employees, principals, directors, agents, and volunteers from any and all liability to the undersigned's personal representatives, assigns, heirs and next of kin, for any of any and all injury, disability, death, or loss or damage, to personal property.

SCOPE OF RELEASE AND INDEMNITY

The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by the law of the State of Tennessee. Further, I give Cumberland Caverns permission to use photo and video taken at this facility in promotional materials.

I have read this document and I understand it is a release of all claims. I understand and assume all risk inherent. I voluntarily sign my name evidencing my acceptance of the above provisions.

Group Name: _____ Activity Date: _____ (please check one) Adult Child

Name: _____ Minor Child's Name (if under 18): _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____ Date Signed: _____

(Adults should sign for themselves. A parent or guardian should sign for minors)

1437 Cumberland Caverns Road, McMinnville, TN 37110, Phone: 931-668-4396, Fax: 931-668-5382, E-mail: info@cumberlandcaverns.com, web: www.cumberlandcaverns.com