STUDENT PERMISSION FORM Immanuel Lutheran Youth Hay Ride & Bonfire @ Donn & Jan Peterson Farm Date: Sunday, November 4 Time: 5-7 p.m.

Youth will be chaperoned and will be expected to remain with the group during the event.

No alcohol, drugs or tobacco products will be permitted. If students are found to have such items, they will be confiscated and parents will be notified.

Name of Participant: _____

Age _____ Phone # where parent can be reached during Hay Ride Event _____

Medical conditions (injuries/allergies/physical limitations) that we should know about:

I hereby grant permission for my child to attend this youth event November 4. In case of an emergency and I am unable to be reached, I grant permission for chaperones to seek medical attention for my child. I understand that all efforts will be made to notify me before action is taken on behalf of my child.

| Signed: | Date: |
|----------------------|--------|
| (parent or guardian) | |
| Parent Name (print): | Phone: |

PARTICIPANT COVENANT OF CONDUCT

I will respect the rights of all other participants while at this event.

I will refrain from use of drugs, tobacco, and other chemicals.

I will participate to the best of my ability.

I will behave in a Christ-like manner in all interactions with people while I am a participant.

I will support the decision of leaders in their efforts to protect the experience of all participants.

I will have fun.

I have read the above and will participate according to the spirit of this covenant to the best of my ability. I agree that ANY breach of this covenant will result in disciplinary measures including notification of my parents.

Participant's Signature: _____ Date: _____

Questions? Contact Melissa or Janelle at 974-8695 or email imman@frontiernet.net. **Return Forms to Immanuel no later than November 2.**