



**Permission/Medical Release Form**  
**Event: Spring Weekend Adventure**  
**Date: March 12-13, 2010**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I consent that photographs taken of my child may be used by Holy Shepherd Lutheran Church for the purpose of illustration, advertisement, publication and promotion.

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_