

*And the things you have heard me say in the presence of many witnesses entrust to reliable men who will also be qualified to teach others. 2 Timothy 2:2, NIV*



## AKSOM Liability and Participation Form for Minors TO BE SIGNED BY PARENT/GUARDIAN AND STUDENT

### **Alaska District School of Ministry Agreement:**

The following rules and behavioral guidelines have been created to ensure that Alaska District School of Ministry (AKSOM) students have a great experience. We welcome responsible and mature minors who feel a call of God on their life and desire to begin working toward their ministry goals. In order for minors to participate, this Liability and Participation form must be turned in accompanied by an authorized signature verifying that these guidelines have been read and understood by the minor.

- 1.) All minors, wishing to participate in the Alaska District School of Ministry must acquire the consent of their legal guardian(s) and the approval of the Director of Alaska District School of Ministry.
- 2.) Minors must be accompanied by either their legal guardian(s) or by an approved chaperon. A letter from the legal guardian(s) clearly identifying who the minor will be chaperoned by must be mailed with original signatures prior to the date of the student's course. No member of the Alaska District School of Ministry shall be a chaperon for a minor at any time.
- 3.) In the event that the approved chaperon cannot make it to the Alaska District School of Ministry venue in your area in a given month, the minor's legal guardian(s) must make arrangements for an alternate chaperon, including written consent, or plan on attending the weekend with the minor.
- 4.) The minor must remain with chaperon throughout the Alaska District School of Ministry venue. The minor is not permitted to leave the AKSOM venue for any reason without their chaperon.
- 5.) The minor must uphold all student policies and requirements as set forth by this form and the Alaska District School of Ministry course catalog. Failure to do so may result in dismissal from the school.

### **Liability and Consent Agreement**

- 1.) As parent or legal guardian(s) for the minor applicant, I hereby give my permission for the minor to participate in the Alaska District School of Ministry venue.
- 2.) As legal guardian(s), I fully understand that either I will attend the school with my minor or I will make arrangements for a chaperon.
- 3.) While the minor is a registered attendee at any scheduled AKSOM venue, I will hereby authorize full medical treatment and care necessary to correct any injury or to treat any illness to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States.
- 4.) As legal guardian(s), we further agree to release and hold harmless the Alaska District Council of the Assemblies of God; the Alaska District School of Ministry, their agents, officers, employees, and volunteers; and the venue location and their officers, employees, volunteers and board, from any and

all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fee and cost) arising from such activities, including any accident or injury to the student and the costs of medical services.

5.) Except as noted on the Statement of Health Information Form, I certify that the minor is in good health and suffers from no disabilities or conditions that would prevent him/her from effectively and fully participating in venue activities.

6.) I (we) give full permission to the Alaska District Council of the Assemblies of God to reproduce any photograph and/or video image of minor for promotional usage without obligation to the minor or the minor's family.

7.) I (we) have read the above Alaska District School of Ministry agreement and agree to abide by it and do hereby give permission for the minor to participate in the Alaska District School of Ministry.

**Statement of Health and Insurance coverage**

Insurance Carrier: \_\_\_\_\_

Insurance Company phone number \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insured Social Security #: \_\_\_\_\_

Group Number: \_\_\_\_\_ Insured Date of Birth \_\_\_\_\_

**Is there any Information we should have regarding the welfare of this student?**

Please list health conditions, restrictions, allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print student's full name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date