

FAITHWALKERS

Chaperone Form

for minors (13–17) attending without parent or guardian

PAGE 1–2 TO BE RETURNED TO THE TSCM OFFICE BY DECEMBER 3, 2018
PO BOX 224, WORTHINGTON, OH, 43085 • MANDY@FAITHWALKERSEAST.COM

I am the parent/legal guardian of the minor (under the age of 18 years) child(ren) named below. My address is:

With full legal authority, I agree as follows:

1. I am sending my child(ren) to the TSCM Faithwalkers East conference (the “Conference”) starting December 27, 2018 in the custody of the below named person whom I trust. I assume full responsibility for their safe transit and conduct to and from the Conference, and for their actions and well-being before, during and after the Conference while outside my immediate supervision or control.
2. I hereby appoint _____, who resides at this address: _____ to be Chaperone and temporary custodian over my child(ren) traveling to and from and attending the Conference. I certify that the Chaperone is at least 25 years old, is authorized to act on my behalf to protect the health, welfare and well-being of my child(ren), and that he/she has accepted this responsibility. I certify I have given the Chaperone a signed Medical Release and as required by Tom Short Campus Ministries (“TSCM”).
3. I will completely indemnify, defend and save harmless TSCM and its affiliates as to all matters that may arise concerning or because of my child(ren).
4. The individual appointed as Chaperone certifies that he/she is at least 25 years of age and signifies his/her agreement to serve in such capacity by signing in the place provided below.
5. The parent/legal guardian and Chaperone of the child(ren) named below recognize the importance of vigilance in keeping the child(ren) safe at the Conference and pledge to exercise care and vigilance as follows:

- a. The Chaperone will not leave the child(ren) alone or unattended in a hotel or conference meeting room, or other place during the conference. If separated from the child(ren) during the Conference, the Chaperone will act with diligence to be reunited.
- b. The Chaperone will instruct the minor child(ren) concerning personal safety, including ways to recognize, avoid, and respond to dangerous situations, including reporting situations and seeking help.
- c. Although the Conference may be attended primarily by Christians, the Chaperone will treat the Conference as a non-Christian venue, exercising the same diligence as to the child(ren)'s safety from strangers as one would at any public place such as a shopping mall or theme park.
- d. If the child(ren) becomes ill during the Conference and have symptoms that include fever, vomiting or diarrhea, the Chaperone will take whatever precautionary measures are necessary to avoid exposing other participants to the illness.
- e. The Chaperone will instruct the child(ren) on proper conduct during the Conference and will warn and take steps to intervene and prevent the child(ren) from engaging or continuing in any improper conduct.

6. The minor child(ren) to whom this document applies are as follows:

Name(s) of Minor Children:	Age	Birth Date
_____	_____	_____
_____	_____	_____

Parent/Legal Guardian (Printed)

Phone Number

Signature of Parent/Legal Guardian

Date

Chaperone (Printed)

Phone Number

Signature of Chaperone (Printed)

Date

FAITHWALKERS

Medical Release

to be given to the chaperone

DO NOT SEND TO THE TSCM OFFICE

I am the parent or legal guardian of the following named minor child(ren) and have appointed _____ to be Chaperone of the minor child(ren) named below:

Name(s) of Minor Children:	Age	Birth Date
_____	_____	_____
_____	_____	_____

If it is not possible to contact me if my child(ren) becomes ill or sustains an injury either en route to the TSCM Faithwalkers East Conference starting December 27, 2018 or during their stay there, or on the trip back home, I hereby also give my consent to the Chaperone to seek any necessary medical treatment as deemed necessary by any duly licensed physician/practitioner, that is required for the relief of pain and to preserve his/her life and health. I herewith authorize the emergency medical/surgical treatment of my child at said physician's office, or licensed medical hospital.

Medical Needs/Allergies

Health Insurance Company

Policy #

Home Phone

Work Phone

Cell Phone

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date