

ST. LOUIS BIBLE QUIZZING

THE FINE PRINT ABOUT OUR POLICIES, MEDICAL RELEASE, PROCEDURES, DISCLAIMERS, & OTHER STUFF

Signing and Submitting this Policy / Medical Release form confirms that you've read the fine print below, and that you understand (*and agree to adhere to*) how we do things. Take a moment to read them. Double-check that you've completed all the information on the Medical Release Form.

DRESS CODE It's simple, modesty and good judgment should prevail. It is the policy of the national organization of Bible Quiz Fellowship (BQF) to not allow shorts to be worn during quizzing. We adhere to that policy when necessary at our local quizzes.

At all other times follow these Guidelines:

- ❖ For Men; Do not go shirtless or wear see-through or muscle shirts or any clothing with inappropriate graphics. Keep your Pants Up.
- ❖ For Women; No short-shorts or tight or revealing clothing. Halter tops, strapless tops, or spaghetti straps are not permitted. *Thick* sleeveless shirts are permitted but tank tops are not allowed.

If you're not sure, error on the side of modesty. Ask your coach or adult leader if you need help.

DISCIPLINE & TRIP POLICY Proper behavior is very important, especially on an out-of-town trip. Detailed policies will be given before each trip. If a quizzing refuses to follow the policies of the trip, he/she may be sent home. You also agree to pay the expenses of their trip home. These policies are designed to: (1) communicate clearly and quickly to all of the parties involved; (2) ensure the safety of our quizzers and volunteers; and (3) preserve a positive and healthy environment. St. Louis Bible Quizzing reserves the right to immediately expel any quizzing or volunteer who, in our estimation, represents a threat to the safety of other students or volunteers.

LIABILITY RELEASE Even though Bible Quizzing activities do not include a high risk of physical injury, you assume that risk and agree that St. Louis Bible Quizzing, our Directors, Volunteers, Coaches, and our agents are not liable for injuries sustained, or loss of personal property, during attendance at any quiz functions.

MEDICAL PERMISSION In the case of injury, we'll always try to contact you first. If we can't reach you, we'll do everything we can to take care of your kids like they are our own. In your absence, we'll get them to a doctor who can make any necessary medical decisions. You will need to complete the Medical Release Form on Page Two.

PHOTOGRAPHY RELEASE Sometimes, we use photos of our quizzers and their families on our web site or other material that help illustrate and promote what we do at St. Louis Bible Quizzing. Pictures will never be sold, licensed, or used in any other manner without express written consent from you.

GOD IS GOOD. THE BIBLE IS TRUE. JESUS SAVES. St. Louis Bible Quizzing is a Christian organization. We profess Jesus as Lord and adhere to the Bible as the inerrant and only Word of God. There is one God, the Creator, eternally existent in three Persons: Father, Son and Holy Spirit. We welcome all persons to participate in Bible Quizzing. We talk a lot about the goodness of God and His saving Grace.

- ❖ he saved us, not because of works done by us in righteousness, but according to his own mercy, by the washing of regeneration and renewal of the Holy Spirit, whom he poured out on us richly through Jesus Christ our Savior, so that being justified by his grace we might become heirs according to the hope of eternal life. (Titus 3:5-7 ESV)
- ❖ For by him all things were created, in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities—all things were created through him and for him. (Colossians 1:16 ESV)

LET US KNOW Let us know if we ever take ourselves too seriously, or seem to have lost sight of the goal -- to honor God, to encourage students, and to build an awesome community of Christian young people. We promise to respond well.

St. Louis Bible Quizzing (STLBQ)

For the Quiz Season: 2017-2018

Medical Release Form

<i>Child's Name:</i>	<i>Date of Birth:</i>	<i>Gender:</i> M____ F____
<i>Address:</i>		
<i>City / State / Zip:</i>	<i>Child's Cell Phone:</i> (Optional)	
List any special conditions, health problems, etc.		
List any daily medication(s) the child is taking on a daily basis AND the dosages. (List anything we need to be aware of during trips or overnight events.)		
<i>Insurance Company:</i>	<i>Policy Number:</i>	
<input type="checkbox"/> INITIAL HERE if you give your consent for the STLBQ agent to administer "over-the-counter" (OTC) medications to your child as they deem necessary (i.e. ibuprofen, anti-acid, etc.).		

I, the undersigned, legal guardian of the above minor; do hereby authorize as agent(s), the Director(s) and adult supervisor(s) of St. Louis Bible Quizzing to consent to any x-ray, anesthetic, medical or surgical diagnosis of, treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless St. Louis Bible Quizzing, directors, supervisors, organizers, and/or staff member for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agent upon completion of treatment.

This authorization shall remain effective until: **April 29th, 2018** or until revoked in writing and delivered to said agent.

X		
<i>Signature:</i>	<i>Printed Name:</i>	<i>Date:</i>
<i>Address: (If different from above)</i>	<i>Home Phone:</i>	<i>Cell Phone:</i>
<i>City / State / Zip:</i>	<i>Physician:</i>	<i>Physician's Phone (if known):</i>
<i>Optional Secondary Contact:</i>	<i>Relationship:</i>	<i>Phone:</i>