

The First Congregational United Church of Christ of Appleton, Wisconsin

General Conduct Agreement and Medical Insurance Waiver for Church-Related Activities and Travel

1. I have no known physical or medical conditions which would make my participation in _____ (insert basic description of the activity) unsafe for me or other participants.
2. I have informed First Congregational UCC of the nature of any health, mobility, dietary or other special needs I have related to my participation in this activity.
3. I will conduct myself in accordance with all local, state and federal laws while participating in this activity.
4. I will comply with all laws, regulations, and rules applicable to our mode of travel, including any vehicle rental agreement.
5. While participating in this activity, I will not consume alcohol or use any medication in ways that may impair my ability to drive safely. I agree to only ride as a passenger in a vehicle driven by a pre-determined designated driver.
6. I understand that I am a representative of First Congregational UCC while participating in this event, and I will conduct myself accordingly. I will be discreet in the possession and consumption of alcohol and be in compliance with the law, the rules of the facility, and the customs and culture of the location.
7. I will not possess or transport a weapon while participating in this activity.
8. I will respect the traditions and customs of the area/region to which I travel.
9. I understand that it is the Travel Leader's responsibility to monitor compliance with these provisions. I will respect and comply with the Travel Leader's directions and decisions as it pertains to these provisions and related concerns for the safety of all participants.

First Congregational UCC Not Responsible for Participant's Medical Expenses

I understand that there are risks of accidents and injuries related to travel and participation in this activity. I understand that I am not covered under First Congregational UCC's medical insurance policy and I confirm that I have my own health insurance coverage for any illness or injury I sustain during my participation in this activity. I agree to assume responsibility for all medical and other expenses for any treatment I receive during or related to my participation in this activity. I understand and agree that First Congregational UCC will not be responsible for any such expenses.

Dated this _____ day of _____, 20_____.

Signature of Participant _____

Print Name _____

