



# FIRST PRESBYTERIAN CHURCH OF VERO BEACH

Rock the Universe – 1/24-1/25

- Destination: Vero, Melbourne, Orlando, Melbourne, Vero
- Dates: January 24-25, 2025
- Chaperones: Peter Mahtani, Jacob Craig(tentative), Mike Snyder, Melissa Snyder, Elisha Mulligan.  
**Please note that Peter Mahtani will not be joining the group on the return drive to Vero. Jacob Craig or another approved driver from First Presbyterian will drive one of the buses back.**
- Depart: **JANUARY 24, 2025**  
**BUS # 1 - CHARTER KIDS** – Depart after school at 3:45PM  
**BUS # 2 - VBHS and ST. Lucie kids** – meet at First Pres in VB at 3PM  
**BUS #2 will drive to Melbourne to pick up Melbourne kids at WaWa  
4429 W Eau Gallie Blvd  
Melbourne, FL 32934**
- Arrive/Return: **January 25, 2025 (OVERNIGHT TRIP)**  
**BUS# 2 - 11:30AM** – Melbourne Kids arrive at WaWa  
**BUS# 2 - 12:00PMish- VBHS and ST. Lucie kids** arrive at First Presbyterian Church  
**BUS #1 - 12:00PMish** – Charter kids return to IRCHS...kids can ride in Bus 2 on return trip if pick up from church is better option.
- Meals: Bring money for dinner in the park. Breakfast is provided at hotel.
- Hotel: Hyatt Place Orlando/Lake Buena Vista - 8688 Palm Pkwy, Orlando, FL 32836

## **.Itinerary**

**Depart at times above**

**6PM-ish** – Arrive at Universal Studios

**8PM, 10PM, 12AM** – Check-ins to listen to concerts at park.

**12AM-ish** – Drive to hotel

**9AM** – Breakfast in hotel

**10AM** – Depart

**Arrival back at times above.**

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# FIRST PRESBYTERIAN CHURCH OF VERO BEACH

## AUTHORIZATION OF PARENT

Name of Student: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

### UNUSUAL HEALTH CONDITIONS (ALLERGIES, DIABETES, HEART CONDITION, ETC.)

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

I Allow the Chaperones to oversee any over-the-counter drugs given to my child.

I, \_\_\_\_\_, parent of \_\_\_\_\_

authorize the chaperones of the FPC Youth Music Tour to act on my behalf during the period from January 24-25, 2025, being the period during which my child will be under the chaperones of ROCK THE UNIVERSE 2025

I specifically authorize the aforementioned chaperones to sign consents, releases, or other documents, or hospital forms in the event of an illness of, or injury to, my minor child \_\_\_\_\_. In giving authorization for medical, surgical or hospital care, in order that medical, surgical, or hospital care can be provided to my child, I give the representatives of First Presbyterian Church of Vero Beach the same power and authorization to act on my behalf, as if I were present to act. I release the foregoing representatives and First Presbyterian Church of Vero Beach from any liability, or responsibility, resulting from authorizing, or taking my child for medical, surgical or hospital care.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent



# FIRST PRESBYTERIAN CHURCH OF VERO BEACH

## Rules of Conduct

First Presbyterian Church of Vero Beach expects each participant to conform to its rules of conduct, which include, but are not limited to the following:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No use of profanity or sexually suggestive language
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect and comply with event schedules
- Respect property
- Respect one another, staff, and adult leaders
- Respect and compliance with events and event schedules

**Any student not conducting himself/herself in an acceptable manner (to be determined in the sole discretion of the teachers and chaperones) shall be required to leave the rental properties and will be transported to Vero Beach via bus, or airplane, at the sole cost and expense of the misbehaving student and his/her parents.**

I, \_\_\_\_\_, the participant/parent/custodian, I have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities of First Presbyterian Church of Vero Beach\*. I agree to abide by the stated personal limitations and code of conduct. I understand that if I fail to comply with these expectations, I may be sent home at my parents'/guardians expense.

Participant \_\_\_\_\_  
(if under 18 years old, parents or legal guardians must also sign below)

Participant/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volley ball, beach outings, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, etc. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Church youth staff prior to that event.*

**MEDICAL RELEASE, WAIVER, RELEASE, INDEMNIFICATION  
AND PERMISSION AGREEMENT**

\_\_\_\_\_ has my permission to attend all your activities sponsored  
(NAME OF PARTICIPANT)

by FIRST PRESBYTERIAN CHURCH, VERO BEACH, FLORIDA (hereinafter the “Church”), and specifically for the following event and date: Rock the Universe, January 24-25, 2025

1. In consideration for being permitted to utilize the facilities, services, and programs of the Church for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Church, without respect to location, the undersigned, for himself or herself any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the Church for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

2. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the named child/participant.

3. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/he to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my of my/our child’s involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We also acknowledge that I/We will be ultimately responsible for the cost of that medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student name above. I/We also agree to bring my/our child home at my/our own expense from any activity in any location should they become ill or if deemed necessary for issues of misbehavior by the student ministries staff member.



4. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Church, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the Church, without respect to them.

5. THE UNDERSIGNED HEREBY ACKNOWLEDGES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Church, premises or in whether caused by the negligence of the releases or otherwise.

6. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence or releases or otherwise while in, about, or upon the premises of the Church and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Church.

7. THE UNDERSIGNED further expressly agrees that the foregoing MEDICAL RELEASE, WAIVER, RELEASE, INDEMNIFICATION AND PERMISSION AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE MEDICAL RELEASE, WAIVER, RELEASE AND INDEMNIFICATION, AND PERMISSION AGREEMENT and agree with the terms and conditions set forth herein:

Participant \_\_\_\_\_  
(if under 18 years old, parents or legal guardians must sign below)

Participant/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_