## **APPENDIX D: PARTICIPATION & RELEASE FORM 2025/2026**

to participate in Peace Lutheran Church youth mis In addition, we (I) hereby agree to hold harmless a willful, or intentional acts of our (my) child(ren) and permission are given to Peace Lutheran Church transportation to, from, and during any event which an event, we (I) understand and accept that Peace participant(s), hereby grant permission to the paste medical treatment, including but not limited to em (my) child(ren), we (I) assume responsibility for a	the church or any person in its of which requires repair and/or reint to furnish the above participath may not include student-drive Lutheran Church will provide sor, deacon, or an adult voluntee tergency surgery or medical treaters.	organization for the result of an imbursement of expenses. Furth ant with any necessary food, look en vehicles. While our (my) claupervision. Further, we (I), their acting on the child's behalf to	y negligent, her, authorization dging, and hild is attending e parent(s) of said o authorize
Further, if it is necessary for our (my) child(ren) to transportation costs.	o return home due to medical re	asons or disciplinary action, w	e (I) assume all
Signatures required:			
Father	Phone	Date	2
Mother	Phone	Date	2
Legal Guardian	Phone	Date	-
Print name of participant	Print name of fathe	er	
Print name of mother	Print name of lega	l guardian	-0
Hospital insurance?	No		
Insurance company			
Policy and Group Number			
Physician	Physician Phone Number_		-
Emergency Phone NumberName	Relationship	Phone #	-
Allergies or medical needs:	•	FHOILE #	
PI	HOTO RELEASE FORM	Л	
I grant permission to PLC to use photos of my chill Facebook page, PowerPoint presentations, and bull	dren in the following ways: Peletin boards.	ace Lutheran Church website,	PLC
Parent/Guardian Signature		Date	

Peace Lutheran Church New Lenox, Illinois