

Youth Ministry
Resurrection Lutheran Church

Last Name: _____

PERMISSION TO ATTEND & LIABILITY RELEASE

_____ has my permission to travel to the scheduled youth event on
(Child(ren)s Name)
_____ to _____ with Resurrection Lutheran Church.
(Date of Event) (Name of Event)

We are aware of the inherent risks of traveling in vehicles and release Resurrection Lutheran Church (RLC) and its representatives from liability. Therefore, (we, I) _____ grant _____
(Name of Parent/legal Guardian) (Child(ren)s Name)

permission to be transported by the staff of Resurrection Lutheran Church (RLC), volunteers, and adult chaperones to and from church sponsored events. In addition, should the need arise, we DO DO NOT grant permission for RLC staff, volunteers, and adult chaperones to provide _____ with a ride home.
(Child(ren)s Name)

Having been made aware of the activities the participant will be doing, I hereby consent to the participant's participation in the Resurrection Lutheran Church (RLC) Youth Ministry Event. I voluntarily release and forever discharge RLC, the council, the staff, volunteers, and chaperones from any and all liability, claims, actions or rights of action which are in any way related to the participant's participation in the consented event.

I agree to indemnify and hold RLC harmless from any and all costs or damages, including attorney's fees, incurred in connection with the participant's participation in the event's activities. I further agree not to sue, assert or otherwise maintain any claim or cause of action against RLC arising from the participant's participation in the event's activities. I agree to submit any such claims or causes of action to a Christian conciliation/mediation organization for binding resolution.

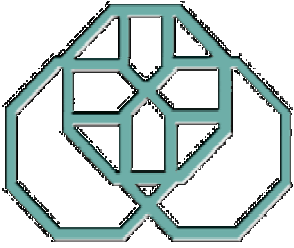
In case of emergency, I understand that every effort will be made to contact parents or guardians of minor participants. However, if parents or guardians cannot be reached, or if I, the below signed participant am 18 years of age or older, I hereby give RLC permission to act on my behalf in seeking and administering medical treatment in the event that such treatment is deemed necessary or advisable for the participant's health, safety and welfare. I release RLC from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from the participant's participation in conference activities.

Parent / Guardian Signature: _____ **Date:** _____

PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) for the purpose of highlighting the event.

_____ Date: _____
Signature (Parent/Guardian)



Last Name: _____

MEDICAL RELEASE

Name: _____ Phone: _____
 Address: _____
 City: _____ Zip: _____
 Sex: Male Female Birth Date: _____ Grade: _____
 Name(s) of Parent(s) or Guardian(s) : _____
 Parent(s) or Guardian(s) Home Phone: _____ Work: _____ Cell: _____
 Parent's Email address: _____
 Student's Email address: _____
 Emergency Contact if parents can not be reached : _____
 Emergency Contact's Phone: _____ Alternate Phone: _____

Medical Information

1. Has this student had any of the following? (Check if YES)
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Recent illness | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Immunity disorder | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Ear, nose, throat problems |
- Allergies – if yes please list : _____

2. Immunizations : Date of last Tetanus shot _____
 Other Immunizations up to date? [] Yes [] No

3. List any medications this student will need to take while at the events: _____

NOTE : All medications (prescription and non prescription) must be checked in to a counselor at each event. A counselor will administer all medications according to parents and/or Doctor's instructions.

4. List any instructions for the administering of the student's medication: _____

5. Restrictions: Any swimming restrictions? Yes No (circle)
 Other activity restrictions? Yes No (circle) If so, please describe: _____

6. Medical Insurance: Company _____
 Policy Number: _____ Group Number: _____

7. Treatment authorization: With the understanding that due care for the health and safety of all participants will be exercised, Resurrection Lutheran Church will not be held responsible in the event of any illness or accidental injury. I also authorize and direct the youth leaders to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedure for my child in the event of any illness or injury, with the understanding that every reasonable effort will be made to contact me before such action is taken. I also agree to assume all legal and financial responsibility for the treatment of my child.

8. Please provide us with a photo copy (both front and back) of your insurance card. This document will remain on file. If your insurance has changed keep us updated by providing us with a copy of any changes.

Signature of Parent/Legal Guardian: _____ Date: _____