

St. Luke's Luther
YOUTH LIABILITY RELEASE & MEDICAL INFORMATION FORM

Activities for the Middle and High School Youth July 2017- June 2018

By signing this permission slip, you are giving your minor child permission to participate in youth activities sponsored by St. Luke's Lutheran Church, Mt. Ulla NC. If there are any medical, insurance or contact information changes please contact Marian Lytle at 704-798-0787 to complete a new form. Any quests for trips or overnight stays at the church will need a separate form.

Participant's Full Name _____ Birth Date _____
M/F _____ Insurance Carrier _____ Insurance ID/Group # _____
Address _____ City _____ State _____ Zip _____
Home Phone # (____) _____ Additional Phone # (____) _____

By submitting this form I (We) acknowledge that any photos/videos produced remain the property of St. Luke's Lutheran Church and permit St Luke's Lutheran Church to use such photos/videos for church related purposes and publicity. I (We) understand that the first name of the participant may be posted with the photos/videos.

I (We), the undersigned, do hereby release, forever discharge, and agree to hold St Luke's Lutheran Church, its staff and volunteers, harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant while attending, participating in, or traveling to/from any church sponsored event or activity.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's participation in all activities, including recreation and work activities involved in any church sponsored event or activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant.

I (we) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release St Luke's Lutheran Church, its staff and volunteers of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of medical treatment.

Furthermore, I (We) understand that St Luke's Lutheran Church, its staff and volunteers will not be liable if the undersigned and/or participant fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the event or activity at my (our) expense.

If the participant is under 18 years of age: I (We), the parents or legal guardians, hereby grant permission for _____, the participant, to fully participate in the above activity and all its undertakings. My child agrees to abide by all the rules and regulations stated by St Luke's Lutheran Church, its staff and volunteers.

I (We) acknowledge that a copy of this form is as valid as the original.

_____ / _____

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S) DATE

Medical History

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Additional emergency contact (s):

Name: _____ Relationship: _____

Phone # (____) _____ Phone # (____) _____

Name: _____ Relationship: _____

Phone # (____) _____ Phone # (____) _____