

**Pilgrim Lutheran Church, School, and Babysitting Medical & Liability Release 2018/19**

PLEASE PRINT

Youth/Adult Participant: \_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

\_\_\_\_\_ Cell mom ( ) \_\_\_\_\_

Cell dad: \_\_\_\_\_ Work # ( ) \_\_\_\_\_

Email mom: \_\_\_\_\_ Email dad: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emerg. Phone:( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please List any medical or special conditions (diet or medications) \_\_\_\_\_

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

**IF I CANNOT BE CONTACTED IN A MEDICAL EMERGENCY**, I (we) hereby give permission for medical treatment including hospitalization, medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for any charges not covered by insurance. I also authorize the release of all information necessary to settle any claims.

Name of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**BY SIGNING THIS FORM**, I hereby acknowledge the inherent risks in youth activities. I do hereby voluntarily participate in the programs offered. I release and discharge Pilgrim Lutheran Church, School, and youth leaders from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter from all action that they as participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damage sustained. I acknowledge that I have read this agreement and fully understand its contents. I understand that this is a release of liability. **This authorization shall remain effective from September 1st, 2018 through Sept 30, 2019** unless sooner revoked in writing, and delivered to the Minister of Youth—DCE. This authorization may be photocopied and the original kept in office files.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my permission for photos to be used in publications (newsletter, bulletin boards). \_\_\_YES \_\_\_NO

I give my permission for photos to be used on the Pilgrim Web-site & other media \_\_\_YES \_\_\_NO

\_\_\_\_\_By checking here I signify that I am a Thrivent member. (For fundraising purposes.)