

Pilgrim Lutheran Church, School, and Babysitting Medical & Liability Release 2015/16

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 August 1st, 2015 through August 31, 2016** 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. (No names will be used) ____ YES ____ NO

_____By checking here I signify that I am a Thrivent member. (For fundraising purposes.)