

CHARITY LUTHERAN CHURCH - FAMILY MEDICAL, TRANSPORTATION, & PICTURE RELEASE

Name _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child(ren) to attend and participate in any Charity Lutheran Church youth/children ministry activities, events and retreats.

LIABILITY RELEASE: In consideration of Charity Lutheran Church allowing the Participant to participate in youth ministry (Sunday worship, Wednesday worship, activities, events, retreats, lock-Ins, trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Charity Lutheran, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. If the situation allows, the chaperone will always attempt to contact the parent or guardian before authorizing any medical treatment for the youth participant. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Medical Insurance Name and Number

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by Charity Lutheran Church. My child/youth and I understand that seat belts must be worn at all times during transportation.

PHOTO RELEASE: I agree that Charity Lutheran may photograph and/or record my child/dependent during church-related activities. I grant the following rights to Charity Lutheran: permission to use and re-use, publish and re-publish, and modify or alter the Images taken during an event. Use of the images or footage for editorial, commercial, trade, advertising and any other purposes may be done in any medium now existing or subsequently developed, on the church website and on the Internet.

Yes No

Name of parent/guardian/date

Signature of parent/guardian/date