

**PERMISSION/WAIVER FORM FOR TRINITY LUTHERAN CHURCH
September 2019 through August 2020 - Youth Ministry Activities and Trips**

Name of Child or Adult Participant (please print) _____
Address _____
City _____ State _____ Zip _____ Phone _____
If the participant is a child, print the names of parent(s) and/or legal guardian(s)
Age of Child _____ Birth Date _____ Academic Grade for 2019-2020 school year _____
School _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of TRINITY LUTHERAN CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release TRINITY LUTHERAN CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any have against TRINITY LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless TRINITY LUTHERAN CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Special Events and Field Trips

I understand that the child named above, or I, will be participating in various activities at TRINITY LUTHERAN CHURCH and in the regional area during the 2019-2020 ministry year. I understand that during this period my child/ward, or I, if I am an adult participant, may take part in activities such as: Bible studies, lock-ins, discussion groups, concerts, worship services, group songs, games of skill and experience, drama, youth gatherings and retreats, service projects, swimming, overnight lodging with other youth and adults (in hotels, homes, cabins, or camping structures), transportation to outside events at other locales and establishments, and other activities consistent with the purposes of the church's youth ministry.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of TRINITY LUTHERAN CHURCH to seek and secure any needed medical attention or treatment for the child named above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. Furthermore, unless stated otherwise in the area of Medical History, I give the adult leaders permission to dispense over-the-counter medications (i.e. ibuprofen, acetaminophen, antacids, topical ointments, etc.) to my child if needed.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Health Insurance

Health insurance information: Insurance Company _____

Policy Number _____ Phone Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts

Name of persons and telephone numbers to call in case of emergency:

Parent/Guardian _____ Home _____ Work _____

Parent/Guardian _____ Home _____ Work _____

Other _____ Home _____ Work _____

Date of last Tetanus shot: _____

Other Information

Other information leaders should know about the child or adult participant:

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of TRINITY LUTHERAN CHURCH, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of TRINITY LUTHERAN CHURCH, I hereby consent to the Permission/Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the **Release of Liability**, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature

Date

Young Person's Agreement

I agree to participate in the functions and activities of TRINITY LUTHERAN CHURCH, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature

Date