

**Trinity Lutheran Church
Children and Youth Ministries
Participant Consent and Release**

[CHURCH TO COMPLETE THIS SECTION]

Activity or Event	
Date(s) and Location	
Description	

Participant Information

Is Participant under 18 years of age? YES NO

Name	Birth Date	Grade
Address	City	Zip Code
Preferred Email	Primary Phone	Alternate Phone
Parent/Guardian Name	Phone Email	
Parent/Guardian Name	Phone Email	

Emergency Contact (Please identify a person other than the parent(s)/guardian(s) listed above; attempts to contact parent(s)/guardian(s) will be made before contacting Emergency Contact.)

Emergency Contact Name	Phone
Relationship to Participant	Email

Health Information

Please describe in detail the nature and severity of any physical, emotional, and/or mental condition, limitation, handicap, or disability of which the adult supervisor(s) should be aware and what, if any, action, limitation, or protection is recommended or required for Participant's participation. (This includes but is not limited to allergies, asthma, diabetes, seizures, etc.)

Please list any dietary restrictions or food allergies.

Medication Information Please list any medication-related allergies. Please also list and discuss with adult supervisor(s) any medication Participant will be bringing with or using during activity or event. Church Representatives are not responsible for the oversight or administration of prescribed medication unless specific authorization is made in a separate writing, signed by Participant and an authorized Church Representative.

Date of last tetanus shot: _____ Does Participant wear (if yes, please circle) glasses contacts

Medical Insurance (Please attach a copy of medical insurance card.)

Insurance Company	Name of Insured
Policy/Group Number	Relationship to Participant
Doctor Name	Doctor Phone
Hospital Preference (if any)	

Medical Acknowledgment & Authorization. I represent that Participant does not have any health or physical problems or limitations that will interfere with the event or activity, other than those specifically described above. I understand the nature of the activity or event and any inherent risks involved. I agree to assume and accept on Participant's behalf the dangers that arise from the activity or event. If emergency medical procedures or treatments are required during the activity or event, I hereby authorize and consent for adult supervisor(s) to administer, arrange for, or consent to medical procedures or treatments in his/her discretion. I understand the parent/guardian or emergency contact listed above will be contacted as soon as possible. I authorize and give consent for Participant to receive over-the-counter medication such as ibuprofen, acetaminophen, antidiarrheal medication, antibacterial ointment, hydrocortisone cream, throat lozenges, eye wash solution, and similar items unless specifically prohibited above under Medical Information.

Other Insurance. I understand that Trinity Evangelical Lutheran Church ("Church") may not have insurance coverage specifically applicable to this specific activity or event for injuries to Participant or his/her property. I represent that Participant has insurance coverage in the event of accident or injury.

Media Authorization. I consent to the use of Participant's photograph or likeness in any Church printed or electronic publications, including websites, and I waive the right to inspect or approve the publications. I release and hold Church harmless from all claims, demands, and causes of action related to Participant's photo or likeness in Church publications.

General Consent, Waiver & Release. I hereby authorize Participant to participate in the activity or event described above and I acknowledge and accept the risks associated with participation in and transportation to and from the activity or event. I acknowledge, understand, and agree that the activity or event may involve inherent risks to Participant and may result in injury including, but not limited to, sickness, personal injury, death, emotional injury, property damage, and/or financial damage. I agree to accept financial responsibility for any injury, loss, and/or other damage sustained during the activity or event, as well as for any medical procedure or treatment rendered to Participant that is authorized by Church's adult supervisor(s).

I hereby agree to release, defend, indemnify, and hold harmless Church, including its pastors, other rostered leaders, officers, directors, council members, individual members, employees, agents, representatives, and adult supervisors (collectively "Church Representatives") from and against any and all actions, causes of action, liabilities, charges, claims, damages, losses, costs and/or expenses, including reasonable attorney fees, commenced, requested, or assisted by me, my family members, or anyone else acting on Participant's behalf or my behalf arising out of Participant's participation in the activity or event, related transportation, or the rendering of emergency or other medical procedures or treatments, if any, except if caused by Church or Church Representative's gross negligence or willful and wanton misconduct.

I acknowledge and agree that Church Representatives have the right to terminate participation in any activity(ies) or event(s) in their sole discretion because of Participant's behavior, health, and/or physical condition, and that such decision is final. Participant is responsible for any cost(s) associated with termination of participation or of returning Participant home.

Participant (sign)	Date
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If Participant is under 18 years of age, parent(s)/guardian(s) must sign.

Parent/Guardian (print)	Parent/Guardian (print)
Parent/Guardian (sign)	Parent/Guardian (sign)
Date	Date