

Permission/Medical/Liability Release Form

I give my child, _____, permission to attend the activities sponsored and sanctioned by Messiah Senior Youth for the 2017-2018 school year. I understand that I have a duty to provide accident and medical insurance for my child, and I declare that my child is covered by primary accident and medical insurance.

Liability release

I agree that in consideration of Messiah Lutheran Church allowing my child's participation in and attendance at events sponsored or sanctioned by Messiah Senior Youth under the terms set forth herein, I, for myself and on behalf of my child and or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge Messiah Lutheran Church (hereinafter Messiah), Messiah Lutheran Senior Youth, paid workers, volunteer staff, officers, directors, representatives, assigns, members, insurers, or others acting on its behalf (hereinafter collectively referred to as "associates") of and from all claims demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Messiah's or its associates' ordinary negligence; and I do further agree that except in the event of Messiah's or its associates gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against Messiah and its associates as stated herein above for economic and non-economic losses due to bodily injury, death, property damage sustained by me and or my minor child and or legal ward in connection with participation in and attendance at events sponsored by Messiah Senior Youth.

I understand that I will be notified in writing or verbally (via the church bulletin, email, mass mailing, website, and/or phone tree) before my child participates in any activities off the grounds of Messiah Lutheran Church.

I understand that my child will not be allowed to participate in any activities off the grounds of Messiah Lutheran Church prior to execution of this document.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

Parent (or Guardian) Signature: _____

Contact Information

Child's Name: _____

Birth Date: ____/____/____

Home Address: _____ City: _____ State: ____ Zip: _____

Home Phone Number _____

Parent's Name (Please list all parents or guardians) _____

Parent's Home Address (If different from child's) _____

Parent's Home Phone (if different from child's) _____

Parent's Work Phone (Please list all applicable) _____

Parent's Email Address: _____

May we use this email address to send updates on the activities of your youth? _____

(Continued on Back)

Child's Name: _____

Medical Information:

Emergency Contact: _____ Phone # _____

Relationship to Youth: _____

Health Plan Carrier: _____ Insurance ID: _____

Any existing health conditions that could limit the participation of youth in events or activities? Please Explain:

Any Allergies (please list)?

Any medications your child may be taking that an attending physician would need to know about (please list)?

Date of last Tetanus shot _____/_____/_____