

Consent and release from Liability: St. Luke's Lutheran Church
For activities through May 2022

Name: _____

Birth Date: _____

Grade (Fall of 2021): _____

has my permission to participate in all activities of St. Luke's Lutheran Church, Waukesha, WI, through **May 31, 2022** and to be transported by church vehicles or private car when necessary. I understand all events will have adult supervision. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the leaders in charge of an event in which my child is participating. This consent and release is in effect until **May 31, 2022**, or until I give St. Luke's Lutheran Church written notice to the contrary. I hereby fully release and discharge all claims that I may have for injuries or damages to my child or me, against St. Luke's Lutheran Church, its officers, agents, servants, employees, pastor and affiliates as a result of participating in church-sponsored activities or using the facilities or equipment. This release includes granting permission to take photographs of my child, my family, and me in connection with church-sponsored activities, and the use and publishing of the same in print and/or electronically. I agree that such photographs of my child, my family and me, with or without names may be used for any lawful purpose, including such purposes as publicity, illustration, promotion, and web content, including social media. – unless notice to the contrary is given in written form with this document.

I hereby give permission and authorization for medical treatment for my child listed above, or me, including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any. I understand that, subject to the participant's interests and medical condition, attempts will be made to alert the parent/legal guardian before any such necessary medical treatment is given.

I have read and fully understand the above release.

Parent/Guardian Signature: **X** _____ Date: _____

Parent/Guardian Printed Name: _____ Phone: (_____) _____

Cell Phone numbers for Parents: (_____) _____ (_____) _____

Street: _____ City: _____ Zip: _____

Email address: _____

Providing your email gives us permission to contact you via email about events of the church. This happens through individual and group emails and may use an email marketing tool to accomplish this communication. We will not sell or loan out your email information. Check this box if you do not wish to receive such emails:

This information in this section is needed only if the child listed above is to be involved in an overnight event.

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's phone: _____

EMERGENCY INFORMATION

	Nearest Relative	Neighbor
Name		
Address		
Phone		

Please list any allergies (food and other) below. I

Please list any medical concerns that could affect your child while participating in events of the congregation.

Please list any learning conditions that could affect your child while participating in events of the congregation.