

## Parental Permission Release

St. Paul Lutheran Church, 100 S. School Street, Mt. Prospect, IL 60056

I understand my child has been invited to attend Youth Ministry events and activities sponsored by St. Paul Lutheran Church. I agree with the conditions on this form and hereby grant permission for my child to attend the events / activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth's Name: \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Grade \_\_\_\_ Member or Guest?  
*Circle One*

Youth Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information: (Allergies / Medications, etc.)

### Conditions

I(We) acknowledge that participation in any and all St. Paul programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of St. Paul Lutheran Church of Mt. Prospect, Illinois.

- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to St. Paul Lutheran Church representative(s) to provide needed medical emergency treatment to the student prior to his/her admission to a medical facility.
- I understand that my child may be photographed and / or filmed and his/her image may be used in video presentations, printed publications, or on St. Paul's website. My child's name will not be published.
- St. Paul is not responsible for the loss or theft of personal belongings.
- I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors, and assigns: **A)** I waive, release and discharge from any and all claims or liabilities for personal injury of any kind or death which arise out of or relate to my child's participation in the events and programs of St. Paul Lutheran Church of Mt. Prospect, the following person or entities: St. Paul Lutheran Church of Mt. Prospect, its pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; **B)** I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and **C)** I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in St. Paul related activities. I hereby assume the risk of my child participation in all St. Paul Lutheran Church ministry activities and programs.
- Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- Participation in St. Paul Youth Ministry events or programs is a privilege and this privilege may be denied by a St. Paul staff member when, in their opinion, the participation of that youth is disruptive and not in keeping with the mission of St. Paul.

**THIS FORM IS VALID UNTIL SEPTEMBER 1, 2010**