

Parental Permission, Authorization, Release and Waiver Form

Mt. Olive Lutheran Church, 2001 N. Alpine rd., Rockford, IL 61107

I understand my child has been invited to attend Youth Ministry events and activities sponsored by Mt. Olive Lutheran Church. I agree with the conditions on the back of 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 Phone: _____

Parent/Guardian 2: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Relation to Youth: _____

Medical Insurance Carrier: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

***Please also attach copy of your health insurance card**

Medical Information: (Allergies/Medications, etc.)

Please signify your consent by checking the box below.

I grant Mt. Olive Lutheran Church, Rockford, its representatives and employees permission to photograph and/or film my child and understand that his/her image may be used in video presentations, printed publications, facebook, or on Mt. Olive's website. My child's name will not be published.

Conditions

I (we) acknowledge that participation in any and all Mt. Olive Lutheran Church 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 participation in the ministries, programs and events of Mt. Olive Lutheran Church, Rockford, Illinois.

- I hereby authorize any licensed physician, medical technician, hospital or other medical or health care facility to treat the minor named on reverse side 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 Mt. Olive Lutheran Church representative(s) to provide needed medical emergency treatment to the student prior to his/her admission to a medical facility.
- Mt. Olive 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 Mt. Olive Lutheran Church of Rockford, IL, the following person or entities: Mt. Olive Lutheran Church of Rockford, IL, 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 for any claims made or liabilities assessed against them as a result of my child's participation in Mt. Olive related activities. I hereby assume the risk of my child participation in all Mt. Olive 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 Mt. Olive Youth Ministry events or programs is a privilege and this privilege may be denied by a Mt. Olive staff member when, in their opinion, the participation of that youth is disruptive and not in keeping with the mission of Mt. Olive.

THIS FORM IS VALID UNTIL SEPTEMBER 1, 2012