

**ANNUAL PERMISSION/WAIVER FORM**

**Family of Christ Lutheran Church**

**16345 Polk Street NE Ham Lake, MN 55304 763-434-7337**

**September 2011 through September 2012 Youth Ministry Activities and Trips**

Name of Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

If the participant is a minor, print the names of parent(s) and/or legal guardian(s) \_\_\_\_\_

Age of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Academic Grade for 2011-2012 School Year \_\_\_\_\_

School \_\_\_\_\_

Please check the appropriate box: <input type="checkbox"/> Member of Family of Christ <input type="checkbox"/> Non-Member (If non-member, church home: _____)
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**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of FAMILY OF CHRIST LUTHERAN CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or myself participating in the activities, whether such risks are known or unknown to me at this time. I further release FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers and agents from any claim that my child may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against FAMILY OF CHRIST LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Special Events and Field Trips**

I understand that the child named above, or I, will be participating in various activities at FAMILY OF CHRIST LUTHERAN CHURCH and in the regional areas during the 2011-2012 ministry year. I understand that during this period my child/ward, or I if I am an adult participant, may take part in activities such as: Bible studies, ski trips, discussion groups, concerts, worship services, group songs, games of skill and experience, drama, Youth gatherings and retreats, service projects, swimming, overnight lodging with other youth and adults, transportation to outside events at other locales and establishments, and other activities consistent with the purposes of the church's youth ministry.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of FAMILY OF CHRIST LUTHERAN CHURCH to seek and secure any needed medical attention or treatment for the child named above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. **I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, to pay for the medical treatment.**

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Please turn over and complete the other side of this form.**

