

Permission/Waiver Form
Messiah Lutheran Church, 16725 Highview Ave, Lakeville MN 55044, 952-431-5959
Youth Ministry Activities and Trips

Name of Participant (please print, one child per form): _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Emergency Contact Number _____

Age of Participant _____ Birth Date _____

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

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of MESSIAH 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 the way of example, physical injury due to activity-related accidents, and 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 me participating in the activities, whether such risks are known or unknown to me at this time. I further release MESSIAH 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 or 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 MESSIAH LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless MESSIAH 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 MESSIAH LUTHERAN CHURCH. I understand that during this period my child, or I if I am an adult participant, may take part in activities such as: Bible studies, concerts, worship services, ski trips, discussion groups, 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 purpose of the church's educational and 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 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 MESSIAH 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.)

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

Health Insurance company name: _____
Policy Number _____ Phone Number () _____
Medical Doctor _____ Phone Number () _____

Emergency Contacts: Name of Persons and telephone numbers to call in case of emergency

Parent/Guardian _____ Home _____ Work _____
Parent/Guardian _____ Home _____ Work _____
Other _____ Home _____ Work _____
Date of last Tetanus Shot (if known) _____

Other information

Other information leaders should know about the child or adult participant: _____

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of MESSIAH LUTHERAN CHURCH, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of MESSIAH LUTHERAN CHURCH, I hereby consent to the Permission/Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that the Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent and/or Legal Guardian Date

Print Name of Parent and/or Legal Guardian

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the **Release of Liability**, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature Date

Young Person's Agreement

I agree to participation in the functions and activities of MESSIAH LUTHERAN CHURCH, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect other persons, respect myself, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature Date