

# 2017-18 Memorial Lutheran Church of Afton Liability Release

## Participant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Permission for Publicity

On occasion, Memorial Lutheran takes photographs or makes an audio or video recording of children and/or adults involved in church/youth activities. I consent to the use of any such audio or video record of the one named above to be used, distributed or displayed as agents of the church see fit.

I give permission for publicity

I do not give permission for publicity

## Release of Liability

### Participant or Parent of participant under the age of 18

I release Memorial Lutheran Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to myself or my child through participation in any and all activities offered by, or sponsored through, Memorial Lutheran Church of Afton, **except** in instances of abuse or neglect.

I further agree to indemnify and hold harmless Memorial Lutheran Church and its affiliates, volunteers, and employees of any and all claims arising from the participation of myself or my child in these activities or as a result of injury or illness of my child or mine during such activities.

I understand that I have the right, at any time, to void the future validity of this release. It is solely my responsibility to contact Memorial Lutheran Church in such event. Should I not contact Memorial Lutheran Church, **this release is to remain in effect from September 1, 2017-August 31, 2018.**

In cases of abuse of any kind or unlawful negligence, **no** volunteer, affiliate, or employee is protected by this release form from any charges or legal recourse stemming from such action.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Parent of participant under the age of 18

By signing this waiver form, I grant permission for the child named above to participate in and engage in any and all activities offered by, or sponsored through, Memorial Lutheran Church of Afton, so long as I am made aware of each activity and approve of that activity for this child. My child is physically and mentally able to participate in these activities, unless I have already discussed it with one of the activity leaders. I acknowledge that there are risks involved in certain activities, and have discussed them with my child if necessary. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.

I affirm that I am the parent/legal guardian of \_\_\_\_\_, who is under 18 years of age. I have read the Permission/Waiver Form and I am fully aware of its contents. I give permission for the child named above to participate fully in activities with Memorial Lutheran Church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date