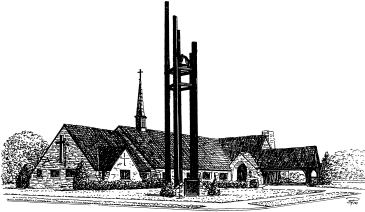


# Our Savior's Lutheran Church, ELCA

809 South Commercial Street  
Neenah, WI 54956  
920-725-3956  
Fax: 920-725-1540  
www.our-saviors.org



## YOUTH LIABILITY RELEASE & MEDICAL INFORMATION FORM

Print or type all information CLEARLY in BLACK ink. This form is required for attendance at all activities and is valid only for the dates listed above. Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. Please have your medical insurance card with you at all times.

**Participant's Full Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**M/F** \_\_\_\_\_ **Insurance Carrier** \_\_\_\_\_ **Insurance ID/Group #** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone #** (\_\_\_\_\_) \_\_\_\_\_ **Additional Phone #** (\_\_\_\_\_) \_\_\_\_\_

By submitting this form I (We) acknowledge that any photos/videos produced remain the property of Our Savior's Lutheran Church and permit Our Savior's Lutheran Church to use such photos/videos for church related purposes and publicity. I (We) understand that the first name of the participant may be posted with the photos/videos.

I (We), the undersigned, do hereby release, forever discharge, and agree to hold Our Savior's Lutheran Church, its staff and volunteers, harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant while attending, participating in, or traveling to/from any church sponsored event or activity.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's participation in all activities, including recreation and work activities involved in any church sponsored event or activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant.

I (we) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release Our Savior's Lutheran Church, its staff and volunteers of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of medical treatment.

Furthermore, I (We) understand that Our Savior's Lutheran Church, its staff and volunteers will not be liable if the undersigned and/or participant fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the event or activity at my (our) expense.

**If the participant is under 18 years of age:** I (We), the parents or legal guardians, hereby grant permission for \_\_\_\_\_, the participant, to fully participate in the above activity and all its undertakings. My child agrees to abide by all the rules and regulations stated by Our Savior's Lutheran Church, its staff and volunteers.

I (We) acknowledge that a copy of this form is as valid as the original.

\_\_\_\_\_  
**SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S)**

\_\_\_\_\_  
**DATE**

### Medical History

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

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

### **Additional emergency contact (s):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

OFFICE USE ONLY:

FEE PAID\$ \_\_\_\_\_

DATE \_\_\_\_\_

XC TO VBS STAFF: \_\_\_\_\_