

St. Martin's Ev. Lutheran Church
Children / Youth Ministry Consent Form
2007-2008
Rev. 8/2007

General Information

Full Name _____
Nickname _____
Address _____

Home Phone Number _____
Youth Phone Number (if other) _____
Youth Cell Phone _____
Youth Email _____
Family Email _____
Date of Birth ____/____/____
____ Male ____ Female
School _____ Grade ____
Church Membership at _____
City _____ State _____

Parent/Guardian 1

Name _____
Work Phone _____
Cell Phone _____
Email _____
Relation _____
Occupation _____
Company _____
If address is different than the students, please complete the following:
Address _____

Home Phone _____

Parent/Guardian 2

Name _____
Work Phone _____
Cell Phone _____
Email _____
Relation _____
Occupation _____
Company _____
If address is different than the students, please complete the following:
Address _____

Home Phone _____

Emergency Contact

Name _____
Daytime Phone _____
Relation _____
Occupation _____
Company _____
If address is different than the students, please complete the following:
Address _____

Home Phone _____

** *Thank you for your support of
St. Martin's Children & Youth Ministry!*

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I represent to St. Martin's Lutheran Church, its employees and volunteer workers (collectively, "SMLC") that I have the legal authority to make decisions regarding the welfare, safety and legal rights of _____ ("youth"). I understand that this document waives certain legal rights that my youth and I might have, and limits the liability of SMLC, in the event of an accident or injury occurring during a SMLC event. It is my intention to grant permission for my youth to participate in all SMLC events occurring between **August 2007** and **August 2008**.

I and the above-named youth understand that every SMLC event presents a risk of injury, serious injury, or even death to the above-named youth.

I understand and agree that it is my parental duty to request information about each event from SMLC; to assess the risk of each individual event; to discuss those risks with my youth; and to prevent my youth from participating if I deem the event too risky. I further understand and agree that SMLC is not responsible for determining whether or not I have given my permission for my youth to participate in any given event. SMLC may rely on this signed document, coupled with my youth's actual participation, as an expression of my permission for the above-named youth to participate in any event.

I understand that parent and youth assume the risk of any injury or death that may result from participation in SMLC events. As parent and youth, we waive any right to sue SMLC for any injury or death to the above-named youth while engaged in any SMLC youth event, and we agree to indemnify and to defend SMLC against any claim or liability asserted against SMLC for any such injury or death to youth. We also hold SMLC harmless from all liability to any other person or entity arising as a result of the conduct of the above-named youth during any SMLC event, and we agree to defend and indemnify SMLC against any claim or liability arising as a result of such conduct.

If I, as parent, cannot be contacted in the case of an emergency or other medical necessity, SMLC is authorized on my behalf and on behalf of the above-named youth, to arrange for such medical and hospital treatment as SMLC deems advisable for the health and well-being of the above-named youth.

I authorize SMLC to transport the above-named youth to, from, and during any SMLC event. I also understand that, from time to time, other youths may drive their own vehicles to, from and during use events. I understand that it is SMLC Youth Ministry policy to disallow youths from riding in vehicles driven by other youths without parental consent. However, I agree that SMLC is not responsible for determining whether I have given my permission for my youth to ride in vehicles driven by other youths, and I acknowledge that it is my parental duty to prevent my youth from riding in vehicles driven by other youths.

As parent and youth, we agree that this document, and the waiver of rights and limitations of SMLC's liability, continue in full force and effect should youth attain the age of majority or otherwise become emancipated during the effective dates listed above.

Parent / Guardian Signature(s) _____ Date _____

Participant Signature _____ Date _____

Insurance Company Name _____ Group # _____ Policy # _____

Physician Name & Phone # _____

Medications or Current Medical Conditions / Problems _____

Allergies (food and medical) _____

Other Important Information: _____