

CONSENT AND LIABILITY RELEASE FORM

Each youth participant (and parent/guardian) of a special event at Shepherd of the Hills Lutheran Church and School must complete all spaces on this form and then sign. These forms are to be returned to the youth leader in order for the participant to attend special events. Please print in ink or type.

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____
MALE/FEMALE: _____
BIRTHDATE: _____
SS#: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: _____
PARENT CELL PHONE: _____
PARTICIPANT CELL PHONE: _____
EMAIL ADDRESS: _____

EMERGENCY INFORMATION

NAME/RELATIONSHIP OF ANOTHER EMERGENCY CONTACT: _____
EMERGENCY CONTACT PHONE: _____
HEALTH PLAN CARRIER: _____
POLICY HOLDER'S NAME: _____
POLICY #: _____
GROUP #: _____
CARRIER'S PHONE #: _____
FAMILY DOCTOR AND PHONE #: _____
FAMILY DENTIST AND PHONE #: _____
Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? Please specify: _____

SPACE FOR PHOTOCOPY OF INSURANCE CARD:

Participation and Image Consent

I HERBY CONSENT TO PARTICIPATION OF ME AND/OR OF MY CHILD IN OFFICIALLY SPONSORED YOUTH EVENTS FOR SHEPHERD OF THE HILLS LUTHERAN CHURCH AND SCHOOL. I HAVE READ ANY INFORMATIONAL MATERIALS REGARDING THE PLANNED ACTIVITIES. I AM AWARE THAT IN THE ACTIVITIES SUCH AS BIBLE STUDY, WORSHIP, SIGHT-SEEING, USING PUBLIC TRANSPORTATION, AND MEAL FUNCTIONS, THE PARTICIPANT ALSO MAY BE ASKED TO PARTICIPATE IN VARIOUS OTHER ACTIVITIES THAT MAY INVOLVE RISK SUCH AS SERVICE PROJECTS, IN ADDITION TO RECREATIONAL ACTIVITIES. I ALSO CONSENT THE USE, DISTRIBUTION, OR FUTURE USE OF VIDEO, MEDIA, AND/OR PICTURES TAKEN OF MYSELF AND/OR MY CHILD AT THIS EVENT.

Consent and Liability Release

I RELEASE AND FOREVER DISCHARGE, SHEPHERD OF THE HILLS LUTHERAN CHURCH AND SCHOOL THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSE OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS SHEPHERD OF THE HILLS LUTHERAN CHURCH AND SCHOOL ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAISNT LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

Consent to Medical and Dental Care

(I/WE), THE UNDERSIGNED PARENT(S) AND/OR NATURAL GUARDIAN(S) OF THE ABOVE CHILD, A MINOR, DO HERBY AUTHORIZE MY CHILD'S YOUTH LEADER (AND/OR ANY OTHER ADULT APPOINTED OR DESIGNATED BY HIM/HER) TO (i) CONSENT TO MEDICAL, SURGICAL AND DENTAL CARE FOR SUCH MINOR CHILD, (ii) CONSENT TO ANY DIAGNOSTIC TESTS, MEDICAL, SURGICAL AND DENTAL PROCEDURE OR TREATMENT AS MAY BE CONSIDERED THERAPEUTICALLY NECESSARY BY THE PHYSICIAN, SURGEON, DENTIST OR OTHER HEALTH CARE PERSONNEL PROVIDING CARE FOR SUCH MINOR CHILD, AND (iii) ON (MY/OUR) BEHALF, TO (a) EMPLOY PHYSICIANS, SURGEONS, DENTISTS, NURSES, AND OTHER HELATH CARE PERSONNEL AS MAY BE DEEMED NECESSARY FOR SUCH MINOR CHILD, (b) ADMIT SUCH MINOR CHILD TO ANY HOSPITAL, CLINIC, EMERGENCY ROOM, LABORATORY OR OTHER HEALTH CARE OR DIAGNOSTIC FACILITY FOR EXAMINATION, TREATMENT, SURGERY OR CARE AND (c) SIGN ALL NECESSARY CONSENTS AND AUTHORIZATIONS. IT IS UNDERSTOOD THAT THIS AUTHORIZAITON IS GIVEN IN ADVANCE OF THE OCCURRENCE OF ANY CONDITION OR SITUATION WHICH WOULD NECESSITATE ANY SUCH MEDICAL, SURGICAL OR DENTAL CARE BEING REQUIRED BY IS GIVEN TO PROVIDE AUTHORITY TO OBTAIN SUCH CARE IF IT SHOULD BE REQUIRED. I FULLY UNDERSTAND THE CONSEQUENCES OF THE FOREGOING STATEMENTS AND SIGN THIS AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE KNOWLINGLY, FREELY AND WILLINGLY.

I, the undersigned, herby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed. (If under 21, Parent/Guardian must also sign!)

Participant Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

EMERGENCY MEDICAL INFORMATION

Name of Participant: _____

General: Do you have: (If "yes" explain)

- NO YES ALLERGIES? _____
- NO YES HEART CONDITION? _____
- NO YES OTHER? _____

Are you subject to: (If "yes" explain)

- NO YES HEADACHES? _____
- NO YES SEIZURES? _____
- NO YES MOTION SICKNESS? _____
- NO YES FAINTING? _____
- NO YES SLEEP WALKING? _____
- NO YES UPSET STOMACH? _____
- NO YES OTHER? _____

Do you have a reaction to: (If "yes" explain)

- NO YES BEE STING? _____
- NO YES PENICILLIN? _____
- NO YES OTHER DRUGS? _____
- NO YES POINSON IVY, OAK, SUMAC? _____
- NO YES OTHER? _____

Have you had any serious illness or surgery within the past ten years?

Do you have any condition that would prevent you from participating in any Event activities? Please list:

Do you take any prescription medication? Please list:

Are any over the counter drugs ineffective in treatment of minor problems?

Are you diabetic?

Do you have any sight or hearing impairment? Do you wear contact lenses?

Date of last tetanus shot: (Recommended 5-10 years in between boosters.)

Please indicate **ANYTHING** else that leaders should know to help avoid or deal with any medical situation that might arise:
