

## PARENT RELEASE

I, (we) waive, release, and indemnify the North Heights Lutheran Church (NHLC) and its ministers, agents, directors, officers, employees, and volunteers from all demands, claims, or liability, in law or in equity which may arise from any North Heights Lutheran Church activity or trip and which involves any damage, loss, or injury to me (us) or to my (our) children or my (our) property. This consent, medical authorization, and release is revocable only by writing signed by me (us) which bears the date that the revocation is delivered to the North Heights Lutheran Church.

**I agree**

For consideration which I acknowledge (my child's or my participation or attendance in a NHLC program or activity), I grant the right to use my child's or my image(s) or likeness in all forms and media for any and all promotions, advertising or such other purpose as North Heights Lutheran Church may determine. I hereby waive the right to inspect, approve, or alter any use of my child's or my image or likeness pursuant to this waiver. I certify I am eighteen years of age or older and that I have read and fully understood the terms of this agreement.

**I agree**

\_\_\_\_\_  
Parent/Guardian Name (please print)                      Parent/Guardian Signature                      Date

Address \_\_\_\_\_ Phone \_\_\_\_\_

**In Case of Emergency Contact** \_\_\_\_\_

## STUDENT CONSENT (multiple children in same family may sign the same form)

I agree to abide by the rules set by the leaders and will accept the consequences for inappropriate behavior.

**I agree**

\_\_\_\_\_  
Participant Name (please print)                      Participant Signature                      Date

I agree to abide by the rules set by the leaders and will accept the consequences for inappropriate behavior.

**I agree**

\_\_\_\_\_  
Participant Name (please print)                      Participant Signature                      Date

I agree to abide by the rules set by the leaders and will accept the consequences for inappropriate behavior.

**I agree**

\_\_\_\_\_  
Participant Name (please print)                      Participant Signature                      Date

I agree to abide by the rules set by the leaders and will accept the consequences for inappropriate behavior.

**I agree**

\_\_\_\_\_  
Participant Name (please print)                      Participant Signature                      Date

**MEDICAL CARE INFORMATION & PERMIT**

I hereby authorize emergency medical care or first-aid treatment as needed for \_\_\_\_\_,

\_\_\_\_\_ in the event of illness or injury during the above sponsored activity of North Heights Lutheran Church. This permit is in effect until I give North Heights Lutheran Church written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name (s) \_\_\_\_\_

Emergency Contact Number (s) \_\_\_\_\_

**PLEASE PROVIDE ALL RELEVANT MEDICAL DETAILS / MEDICATIONS AND ALLERGIC REACTIONS**

NOTE: This information will be retained by staff to be shared with medical professionals in the event of a medical emergency involving your child. It is shared with no one outside of event supervisors and will be destroyed at the conclusion of the event.

**IT IS ASSUMED YOUR CHILD IS CAPABLE OF ADVOCATING FOR HIS/HER SPECIFIC MEDICAL AND ALLERGY ISSUES UNLESS OTHERWISE NOTED.**

Name \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

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\_\_\_\_\_

Name \_\_\_\_\_

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Name \_\_\_\_\_

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