



# Consent Form and Liability Waiver

Confidential

Date \_\_\_\_\_

Permission is granted to *First Lutheran Church*, it's Youth Director, Pastor, and volunteers to allow my child \_\_\_\_\_ to participate in any and all youth activities and events, and to be transported to and from said activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against *First Lutheran Church*, and its youth ministry and any parties volunteering on behalf of *First Lutheran Church* or its youth ministry from all actions, claims, costs, expenses, or damages of any kind growing out of or related to the activities. I acknowledge that this is a full and complete release for all injuries and damages which the above student may sustain as a result of participating in the activities.

I authorize the Pastor and/or Youth Director, in the event that I cannot be contacted by phone, to give consent for medical treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site.

Further, I affirm that the health insurance information provided on the Emergency Medical form is accurate at this date and will, to the best of my knowledge, still be in force for my child (named above).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_