

2015-2016 PERMISSION AND WAIVER FORM FOR CHILDREN AND YOUTH

Name of Youth Participant _____ Parents or Legal Guardian _____

Address _____ City, State and Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

Birth Date of Student _____ Academic Grade _____ School Name and District _____

Functions and Activities

It is my understanding that participating in the programs, recreational and other activities of FIRST LUTHERAN CHURCH is a privilege. Prior to my child/youth's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware of.

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that the child/youth named above is capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child or youth participating in these activities, whether such risks are known or unknown to me at this time. I further release FIRST LUTHERAN CHURCH and its ministers, staff, leaders, employees, volunteers and agents. I further agree to indemnify and hold harmless FIRST LUTHERAN CHURCH and its ministers, staff, leaders, employees, volunteers and agents from any and all claims arising from my child's or young person's participation in its activities and programs, or as a result of injury or illness of my child or young person during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child/youth named above may be in need of First Aid or Medical Treatment as a result of an accident, illness, injury or other health condition. I do hereby give permission for agents of FIRST LUTHERAN CHURCH to seek and secure any medical attention and treatment for the child/youth named above, including hospitalization, if, in the agent's opinion, such need arises. In doing so, I agree to pay for all fees and costs arising from the medical and/or dental treatment obtained for my child/youth. I grant my consent and give my permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for this medical treatment. I hereby allow the agents of FIRST LUTHERAN CHURCH to administer any type of needed First Aid and Medical Care for the child/youth named above.

Special Events and Field Trips

I understand that the child/youth named above may participate in a variety of activities and events throughout the 2015-2016 school year. I understand that during this period, my child/youth, may participate in activities and events such as: local events, overnights, retreats, trips and other activities consistent with the purposes of this church. I also understand that I may be asked to complete Special Permission Forms in addition to this form.

Publicity

On occasion, FIRST LUTHERAN CHURCH takes photographs or makes an audio, video or digital tape recording of children, youth and adults involved in church activities. Such photographs and audio/visual recordings may be used by the event participants and church staff to commemorate and document the event for church history, may be used for the promotion of church ministries and may be used to publicize future church activities. In addition, local news organizations, who may hear of our church activities and events, or who may be invited by our church to attend and document such activities and events, are granted permission to photograph and record church activities and events for news reporting or special interest features. I consent to the use of any such audio or visual records of the child/youth named above to be used, distributed or displayed as the agents of the church see fit. This consent includes, but is not limited to: photographs, video and audio recordings. Furthermore, I give permission for the child/youth named above to be interviewed by the news media and to be included in such photographs and other video or audio records that can be used by the news media.

Parent or Legal Guardian Authorization

I represent that I am the parent or Legal Guardian of the above named child/youth, who is under 18 years of age. I have read the above Permission/Waiver Form and I am fully familiar with the contents thereof.

I give permission for the child/youth named above to participate in the activities and events of FIRST LUTHERAN CHURCH, including any special activities and events named above. In consideration for allowing the participation of the child/youth named above in the activities and events of FIRST LUTHERAN CHURCH, I hereby consent to the terms and conditions of this Permission/Waiver Form, including the Release of Liability listed above, on behalf of the child/youth named above, and agree that the terms and conditions of this Permission/Waiver Form shall belong to me, my family, my heirs, my legal representatives, successors and assigns.

I also understand that it is my responsibility to see that the information on this Permission/Waiver Form is updated when there are any changes to the medical status, health insurance and emergency contact information to the child/youth named above.

Signature of Parent or Legal Guardian _____ Date _____

Insurance Carrier _____ Policy Number _____

Insurance Card Holder Name _____ Group Number _____

Health Insurance Information for (Name of Youth) _____

PLEASE PHOTOCOPY THE FRONT AND BACK OF THE PARTICIPANT / CARHOLDER'S INSURANCE CARD AND ATTACH PHOTOCOPY TO THIS FORM

Primary Physician Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Emergency Contact Information

Name of Emergency Contact _____ Phone Number _____

Relationship to child/youth _____

Health History and Information

Pre-Existing Medical Conditions:

Allergies to food, medication or environment:

Current Medications:

Please indicate anything else that leaders should know to help avoid or assist in any medical situation that may arise:

Medication Release

If deemed medically necessary, the ministers, staff, leaders, employees, volunteers and agents of FIRST LUTHERAN CHURCH, have my permission to administer the following medications to the child/youth named above. These medications will be given following the directions and instructions as printed on the bottle or container. The following are available in our Church First Aid Kits.

ASPIRIN	BENADRYL	HYDROCORTISONE CREAM	MIDOL	SUNSCREEN
ALOE VERA GEL	BUG REPELLANT	IBUPROFEN	NEOSPORIN	TYLENOL
BACITRACIN	LIP OINTMENTS	PEPTO BISMOL		

PLEASE CROSS OUT ANY MEDICATIONS THAT YOU DO NOT WANT YOUR CHILD/YOUTH TO RECEIVE (X).

Covenant of Conduct

I understand that it is a privilege, not a right, to participate in the activities and events of FIRST LUTHERAN CHURCH in Bothell, WA.

- I will participate fully and willingly in all planned activities
- I will respect other participants, leaders and all the people I encounter during activities and events
- I will treat others as fellow members of the Body of Christ, in thought, word and deed.
- I will respect the space, property, feelings, personal space and the bodies of others
- I will care for my body and not use tobacco, drugs or alcohol at any time or be in possession of these substances or related items
- I will respect my body and the body of others and not engage in any type of sexual act

Should I break this Covenant of Conduct, I agree to accept the consequences of breaking this covenant, as determined by the leadership team. If it is determined that my behavior warrants my leaving an activity or event, travel to my home will be at my own expense or that of my parents or legal guardian. I understand that in breaking this covenant, I may also be disqualified from participating in future events.

Signature of Participant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

Signature of Event Leader _____ Date _____