PERMISSION/WAIVER FORM FOR C.L.A.Y.

September 2015 through August 2016 -Youth Ministry Activities and Trips

Name of Child or Adult Parti				
	City rint the names of parent(s) and/or le		Zip	Phone
Age of Child		gai gaaraian(s)		
Academic Grade for 2015-20	16 school yearSchool			
Functions and Activities				
It is my understanding that pa Prior to my participation in su example, physical injury due	articipating in the programs and recruch activities, I acknowledge that the to activity-related accidents, physic there may be other risks inherent in	ere are certain risks associa al injury due to transportation	ted with the ac on-related acci	dents, illness, or even death. In
both the physical and mental activities, whether such risks leaders, employees, volunteer incurred during the course of or breach of warranty. This representatives, or assigns maximum of the such as	demands of the activities discussed are known or unknown to me at this	above. I also expressly assusting time. I further release CHI my child may have or that I release of liability shall included cover all claims that memban CHURCH or its minister.	ame all risks of RIST LUTHER may have again ude (without li- ers of the child ers, leaders, em- nisters, leaders,	AAN CHURCH and its ministers, ast them as a result of injury or illness mitation) any claims of negligence ('s or my family or estate, heirs, ployees, volunteers, or agents. employees, volunteers, or agents
activities.		into una programo, or ao a r	esuit or injury	or mines or my emile during out
area during the 2015-2016 m activities such as: Bible studi Youth gatherings and retreats	med above, or I, will be participatin inistry year. I understand that during es, Lock-Ins, discussion groups, con s, service projects, swimming, over	g this period my child/ward, neerts, worship services, gro night lodging with other you	or I, if I am are oup songs, gamenth and adults (
medical treatment as a result LUTHERAN CHURCH to se	dedical Treatment occasions where the child named a of an accident, illness, or other heal eek and secure any needed medical in the agent's opinion such need aris	th condition or injury. I do lattention or treatment for the	hereby give per e child name al	rmission for agents of CHRIST pove, or me, if I am a participant,
surgery and, again, I agree	ling physician(s) and other medicato pay for the medical treatment. ission to dispense over-the-counte	Furthermore, unless state	ed otherwise i	,
Medical History Special medical needs or con	cerns (allergies, conditions, dietary	needs, medications, etc.):		
Date of last Tetanus shot _				(continued on page 2

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Health Insurance					
Health insurance information: Insurance Company Policy Number Phone Number					
Medical Doctor		Phone Number			
-	*	call in case of emergency: Home	Work		
Parent/Guardian		Home	Work		
Other	Relationship	Home Home	Work		
Moderate (capal	ole of swimming for several note of swimming several lengular ble of swimming long distant	ths of pool)			
Other Information Other information leaders	should know about the child o	or adult participant:			
participate in the activiti for allowing the particip Permission/Waiver Forn shall be binding upon m	es of CHRIST LUTHERAN ation of the child in the activi n, including the Release of Li e, my family, heirs, legal repr	CHURCH, including any speci- ties of CHRIST LUTHERAN (ability above, on behalf of the or resentatives, successors, and ass	, who is under 18 years of age. I have read the repermission for the child named above to all events/activities described above. In consideration CHURCH, I hereby consent to the child and agree that this Permission/Waiver Form signs.		
Signature of Parent or L	egal Guardian	Date			
Print Name of Parent or	Legal Guardian				
	church employee, I hereby as	gree to each of the consents and actions, activities, special events	I waivers listed above, including the Release of s, and field trips.		
Signature		Date			
to conduct myself as a C	the functions and activities of Christian. I promise to respect		operate with the leaders and other young people, and her persons, and respect property. I understand that nent.		
Signature		Date	_		

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