

**Ascension Lutheran Church
Youth Participation/Medical Release/Liability Release Form**

Name of Youth: _____ Male/Female: _____

Birthdate: _____ School Grade (Fall 2020): _____

I, *(please print name of parent/guardian)* _____, parent/guardian of
(insert child's name) _____, do hereby give permission for
my child to participate in the following activity,

_____, sponsored
by Ascension Lutheran Church on *(insert date)* _____.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist.

Any activities that my child should be excluded from are as listed:

Should my child require immediate or emergency medical care while engaged in an activity sponsored by Ascension Lutheran Church, in my absence, I hereby authorize the adult supervisor(s) in charge to obtain medical assistance and treatment for my child for and on my behalf.

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless Ascension Lutheran Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in the above-named activity.

Parent Signature

Date

OVER PLEASE – there's more!

PARENT/GUARDIAN CONTACT INFO

Name: _____ *relationship to the YOUTH _____

Cell#: _____ Work#: _____ Home #: _____

Home address: _____

E-MAIL address: _____

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Name: \_\_\_\_\_ \*relationship to the YOUTH: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Home #: \_\_\_\_\_

Home address: \_\_\_\_\_

E-MAIL address: \_\_\_\_\_

**MEDICAL INFO**

Family Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Does your child have any food allergies or other special needs that we should be aware of?

Name of youth: \_\_\_\_\_

Allergy or special needs and your recommendation for assistance we can offer on-site:

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

**Web Site Permission:**

Internet Photo Publishing *(please check one)*

I hereby give permission for Ascension Lutheran Church to publish my child(ren)'s photo on its website.

I hereby deny permission for Ascension Lutheran Church to publish my child(ren)'s photo on its website.

Internet Name Publishing *(please check one)*

I hereby give permission for Ascension Lutheran Church to publish my child(ren)'s first name on its website.

I hereby deny permission for Ascension Lutheran Church to publish my child(ren)'s first name on its website.

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