

YOUTH PERMISSION AND RELEASE FORM
including medical information and emergency notification
for events or programs sponsored by the La Crosse Area Synod, ELCA

Please Print

Name of Child: _____ High School graduation year _____

Congregation: _____ E-mail (optional) _____

Emergency Contact and Phone: _____

Health Insurance Provider: _____

Health Insurance Policy Number: _____

Health Insurance Phone Number: _____

(check) On the back of this form, I have listed any allergies or health conditions requiring treatment or limitations, and any medications brought with my child along with instructions for dispensing.

PERMISSION - I give my unqualified permission and consent for my child to participate in an activity or program sponsored by the La Crosse Area Synod, ELCA, subject only to any specific limitations I have noted on the back of this form.

I also release my child's name as part of a mailing list for future events or publicity. I give permission to use my child's photo image on materials produced by the Synod, subject to limitations I have noted on the back of this form, and I understand that photo/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity including the synod's web site. (No names or other identifying information will be attached to photos unless additional permission is given.)

RELEASE - I, on behalf of my child, and individually, hereby indemnify, release, hold harmless, covenant not to sue and forever discharge, to the fullest extent permitted by law, the La Crosse Area Synod and its related or connectional organizations, its agents, employees, officers, directors, affiliates, successors, assigns, and all others of and from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any Activities conducted by, on the premises of, or for the benefit of, the Synod.

The provisions of this Permission and Release will continue in full force and effect even after the termination of the Activities conducted by, on the premises of, or for the benefit of, the Church, whether by agreement, by operation of law, or otherwise.

This Permission and Release is governed by the laws of the State of Wisconsin and is intended to be as broad and inclusive as is permitted by that law. If any provision of this is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Permission and Release contains the entire agreement between the parties.

In the event I cannot be reached after reasonable attempts, I authorize and direct any adult sponsor or group leader representing the synod to make emergency medical decisions for my child.

I am the parent or legal guardian of the above named child, am of lawful age and legally competent to sign this Permission and Release. I understand the terms of this Permission and Release and I have willingly signed it as my own free act. The information I have supplied will remain in effect until I furnish a new Permission and Release.

Name of Parent or Guardian: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____