



**YOUTH MINISTRIES  
2010-2011**

**Release of Liability and Medical Authorization**

Whereas, I \_\_\_\_\_ plan to participate in the Our Savior Lutheran Church Youth Program and all youth related activities sponsored by Our Savior Lutheran Church of the Minnesota South District of the Lutheran Church – Missouri Synod, and

Whereas, I recognize the participation in such activities may be dangerous, and cause injury or death.

Now therefore, in consideration of the privilege to participate extended to me by Our Savior Lutheran Church through their officers, agents, servants, and employees, I do hereby, for myself, my hires, executor and/or administrator, remise, release and forever discharge Our Savior Lutheran Church and all their officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demand for, upon, or by reason of any injury, damage, loss or death which may occur from any cause, including, but not limited to any accident while participating individually or with others in said events.

**Caution!!! Please read this release form before signing.**

I HAVE READ AND AGREE TO THIS RELEASE:

_____	_____	_____
	Address	
_____	_____	_____
Parent Name	City, State, Zip	
_____	_____	_____
Parent Signature	Phone (including area code)	Date

**For participants under age 18:**

In the event of an accident during an event, I give the officers, agents, servants, and employees permission to seek the appropriate medical attention for the above names. In the event that any of the officers, agents, servants, and employees are not available I request a phone call to notify me of any needed medical attention. If the status of the above mentioned name is life threatening, I give my permission to seek proper medical attention.

\_\_\_\_\_  
Parent Signature

Insurance Information:

\_\_\_\_\_ I have medical and/or accident insurance with:

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ I have no medical or accident insurance, but do hereby agree to pay for any, and all medical and/or dental expenses directly, or indirectly related to my participation in the above named and its related activities, including, but not limited to, transportation to and from the said event(s).

Please list any allergies or pre-existing medical conditions or medications regarding the youth listed above:

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