



Our Savior

Lutheran Church & School

23290 Highway 7 • Excelsior, MN 55331

OUR SAVIOR LUTHERAN CHURCH & SCHOOL YOUTH MINISTRIES Release of Liability and Medical Authorization

Minors Name (s) and age (s) _____

Whereas, we 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, we recognize the participation in such activities may be dangerous, and cause injury.

Now therefore, in consideration of the privilege to participate extended to us by Our Savior Lutheran Church through their officers, agents, servants, and employees, we 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.

I HAVE READ AND AGREE TO THIS RELEASE:

Parent Name: _____

Address _____

City, State _____, Zip _____ - _____

Parent Signature _____

Emergency Contact information:

First Contact: _____

Phone Number: _____

Second Contact: _____

Phone Number: _____

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:

