

2009 Release Form for Mount Olive Lutheran Church Activities

Name _____ Age _____ Gender _____

Address _____ City _____ Zip _____

Home Phone _____ Parent Cell _____

Parent/ Guardian Permission and Medical Statement

I hereby certify that my son / daughter has my approval to attend events with/at Mount Olive Lutheran Church in 2009. I understand that all reasonable care will be taken to avoid accident or injury to my child while on all trips and events with Mt. Olive Lutheran Church and release the church staff and volunteers from liability. In the event of an emergency, I understand every effort will be made to contact me or the authorized person listed on this form. In the event that we cannot be reached, I grant permission to the staff of the trip or event to secure medical and/or surgical care for my child named above. I understand that Mount Olive Lutheran Church does not carry insurance for its youth members and agree to accept the expense of emergency care through my medical insurance and/or personal resources.

Signature _____ Date _____

Insurance _____ Policy # _____

Policy Holder's Name _____

Child's Allergies/ Illnesses _____

Other Contact /Relationship _____ Phone _____

Attach a list of any ongoing prescription medications being taken; describe any special needs applicable.

Liability Waiver

In participating with/at Mount Olive Lutheran Church, I understand that I willfully and freely participate in this program under my own volition/ personal responsibility and liability. As such, I fully understand that I participate solely under my own liability/ family insurance plan germane to any risk factor that may arise during a trip or event, either foreseeable or unforeseeable, but not limited to: medical emergency, hospitalization, accident, dismemberment or death. I further understand and agree to hold harmless in law and in equity any of the Mount Olive Lutheran Church or event Staff, or any other individuals or congregations participating in these proceedings, for any negligence, or personal/ group satisfaction/ dissatisfaction pertaining to any aspect of the program or travel related to this event.

Participant Signature

Parent / Guardian Signature

Date

Media Release

I, the undersigned, hereby give my permission for Mt. Olive Lutheran Church to use, publish, or disclose in newsletters, brochures, periodicals, posters, website, or other media-related vehicles, any photographs, videos, audios or other promotional materials, in which, my child has appeared, spoken, written or otherwise been represented. My signature below releases Mt. Olive Lutheran Church to use any of the aforementioned materials. I understand that a copy of this release will be kept on file to indemnify Mt. Olive Lutheran Church against any of their use of the materials indicated.

Participant Signature

Parent / Guardian Signature

Date