

MT. ZION LUTHERAN CHURCH LIABILITY RELEASE FORM

In consideration for being accepted by **Mt. Zion Lutheran Church for participation in youth activities held during the 2017-2018 school year and following summer**, we (I), on behalf of my child do hereby release, forever discharge and agree to hold harmless **Mt. Zion Lutheran Church** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child that occur while said child is participating in any trip or activity this year.

Furthermore, we (I) on behalf of our (my) child hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) hereby give permission for photographs/video including my child and /or myself to be used in the promotion of Mt. Zion and /or the ELCA.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trips or activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

CHILD'S NAME _____

DOB _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

I promise my child will be fever free for FULL 24 hours without the use of fever reducing medication when attending activities. Also, my child will be free for a FULL 24 hours of vomiting, diarrhea, unknown rash, bacterial infection, or contagious illness . Direct any health concerns first to the activity leader, and second to the parish nurse if necessary.

_____ Parent's Initial

Mt. Zion Kids Club Medical Emergency Form

Child's First name: _____ Last: _____

DOB: _____ Age: _____ Grade: _____

Address: _____

EMERGENCY CONTACT:

Parent/Guardian #1

First: _____ Last: _____

Phone #1 _____ Phone #2 _____

Email: _____

Parent/Guardian #2

First: _____ Last: _____

Phone #1 _____ Phone #2 _____

Email: _____

Other adult(s) that are allowed to pick-up my child _____

Is the child taking any medication? YES NO

If yes please list and why: _____

Does the child have any of the following? Please explain:

Special Needs: _____

Dietary Restrictions: _____

Allergies or Asthma: _____

Chronic Illness: _____

Status of child's vision, hearing, and speech: _____

Additional info about your child's behavior that might be helpful to our volunteers: _____

School safety pick-up

- My child is excited to attend Kids Club EVERY Wednesday and I will notify the Coordinator when child is sick or unable to attend.
- My child just wants to *try* Kids Club (or our schedule changes a lot) and I will notify the Coordinator when my child is able to attend.

Parents Signature _____ **Date:** _____

Would you like reminder emails/text about upcoming Mt. Zion youth events? YES NO

Name _____ Kids Club Promises

Child's Initial

_____ I promise to meet promptly at E.P.Rock's pick-up area by the Kids Club flag.

_____ I promise to be respectful, responsible, and safe during all activities including; snack time, game time, bible study, music and free time.

_____ I promise to be respectful when my parent comes for pickup by cleaning up my area right away and grabbing all of my things.

_____ If I break my promises, I will apologize. "I'm sorry for... It was wrong because... Next time I will..."

Parent's Initial

_____ I will initial on the sign-out sheet when picking up my child from the lower level of the church

_____ I will return a dismissal note to my child's teacher

_____ I will notify the Coordinator if my child is unable to attend due to illness or schedule conflict. (My child will attend weekly)

~Or~

_____ I will notify the Coordinator before Wednesday if my child is available/interested in attending that day (My child just wants to try it out, or our schedule is too busy to commit to regular attendance)

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*return below portion to E.P.Rock teacher as they require notice of any pickup changes*

My child \_\_\_\_\_ will be leaving school via Mt. Zion's Kids Club pick-up.

- every** Wednesday
- Just once** date: \_\_\_\_\_

Thanks for helping to keep my child safe and headed the right direction for dismissals.

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