**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