

APPENDIX C YOUTH PROGRAM CONSENT FORM

Student General Information

Full Name: _____

Nickname: _____

Address: _____

Home Phone: _____

Youth Cell Phone: _____

Texts: Yes or No

Youth Email: _____

Family Email: _____

Youth Date of Birth: ____ / ____ / ____

 Male Female

School: _____ Grade: _____

Church membership at _____

City _____ State _____

Parent/Guardian 1

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relation: _____

If address different that child, please complete
the following:Address: _____

Home Phone: _____

Parent/Guardian 2

Name: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Relation: _____

If address different that child, please complete
the following:Address: _____

Home Phone: _____

Emergency Contact (other than parent)

Name: _____

Daytime Phone: _____

Cell Phone: _____

Home Phone: _____

Relation: _____

*Thank you for your support of Immanuel
Children & Youth Ministry!

I represent to Immanuel Lutheran Church, its employees and volunteer workers (collectively "ILC") that I have the legal authority to make decisions regarding the welfare, safety and legal rights of _____ ("youth"). I understand that this document waives certain legal rights that my youth and I might have, and limits the liability of ILC, in the event of an accident or injury occurring during an ILC event. It is my intention to grant permission for my youth to participate in all ILC events occurring between August ____ and August _____. I and the above named youth understand that every ILC event presents a risk of injury, serious injury, or even death to the above-named youth.

I understand and agree that it is my parental duty to request information about each event from ILC, to assess the risk of each individual event, to discuss those risks with my youth and to prevent my youth from participating if I deem the event too risky. I further understand and agree that ILC is not responsible for determining whether or not I have given my permission for my youth to participate in any given event. ILC may rely on this signed document, coupled with my youth's actual participation, as an expression of my permission for the above named youth to participate in any event.

I understand that parent and youth assume the risk of any injury or death that may result from participation in ILC events. As parent and youth, we waive any right to sue ILC for any injury or death to the above-named youth while engaged in any ILC youth event, and we agree to indemnify and to defend ILC against any claim or liability asserted against ILC for any such injury or death to youth. We also hold ILC harmless from all liability to any other person or entity arising as a result of the conduct of the above named youth during any ILC event, and we agree to defend and indemnify ILC against any claim or liability arising as a result of such conduct.

If I, as parent, cannot be contacted in the case of an emergency or other medical necessity, ILC is authorized on my behalf and on behalf of the above named youth, to arrange for such medical and hospital treatment as ILC deems advisable for the health and well-being of the above named youth.

I authorize ILC to transport the above named youth to, from, and during any ILC event. I also understand that, from time to time, other youths may drive their own vehicles to, from and during youth events. I understand that it is ILC Youth Ministry policy to disallow youths from riding in vehicles driven by other youths without parent consent. However, I agree that ILC is not responsible for determining whether I have given permission for my youth to ride in vehicles driven by other youths. I acknowledge that it is my parental duty to prevent my youth from riding in vehicles driven by other youths.

As parent and youth, we agree that this document, and the waiver of rights and limitations of ILC's liability, continue in full force and effect should youth attain the age of majority or otherwise become emancipated during the effective dates listed above.

Parent/Guardian(s) Signature(s): _____ Date: _____

Participant Signature: _____ Date: _____

Insurance company name: _____ Group #: _____ Policy #: _____

Physician Name and Phone #: _____

Medications or Current Medical Conditions/Problems: _____

Allergies (food and medical): _____

Other important information: _____