

KINDRED EVANGELICAL LUTHERAN CHURCH
Parental Permission and Release of Liability

Kindred Evangelical Lutheran Church, 391 Spruce Street Kindred, ND 58051

This Agreement and Release of Liability must be read, agreed to, and signed by both the YOUTH PARTICIPANT and a PARENT or GUARDIAN. Print, sign, and bring this form with you to Kindred Lutheran Church. PLEASE PRINT LEGIBLY. YOUR CHILD'S LIFE MAY DEPEND UPON IT.

Participant Information

*Last Name: _____ *First Name _____
*Address: _____ *Apt #: _____
*City: _____ *St. _____ *Zip: _____
*Home Phone: _____ *Grade: _____

Parent/Guardian Information

1) *Last Name: _____ *First Name: _____
*Cell/ alt. phone: _____ *email: _____

2) *Last Name: _____ *First Name: _____
*Cell/ alt. phone: _____ *email: _____

In Case of Emergency and Parent/Guardian cannot be reached, contact:

*Last Name: _____ *First Name: _____
*Home Phone: _____ *Cell/ alt. Phone: _____

Medical Insurance

*Medical Insurance Company: _____
*Policy #: _____
*Policy Holder: _____
*Allergies: _____
*Activity Restrictions: _____

Conditions

I (We) acknowledge that participation in any and all Kindred Evangelical Lutheran Church (AKA Kindred Lutheran Church, Kindred Lutheran, KLC) programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Kindred Evangelical Lutheran Church of Kindred, ND.

(Continued on next page).

Kindred Lutheran Church is not responsible for the loss or theft of personal belongings. Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of any fees.

Participation in Kindred Youth Ministry events or programs is a privilege, this privilege may be denied by a Kindred staff when, in their opinion, participation of the youth is disruptive and not keeping with the mission of KLC.

I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, eConnections, or on Kindred's website or facebook page or other electronic media. Your child's name will not be published.

I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Kindred Lutheran Church, the following person, or entities: Kindred Evangelical Lutheran Church, its pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree to indemnify and hold harmless and not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein including all claims, judgments and costs including attorney's fees; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in KLC's related activities. I hereby assume the risk of my child participating in all Kindred Lutheran Church ministry activities or programs.

I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any and all such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact met in the most expeditious way possible. Permission is also granted to Kindred Lutheran Church representatives to provide needed emergency treatment to the student prior to his/her admission to a medical facility.

I agree with the conditions detailed above and hereby grant permission for my child to attend and participate in all programs or events of Kindred Evangelical Lutheran Church.

Parent or Legal Guardian's Signature

Date

Youth's Signature (age 10 and above)